2008 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P02000114079



FILED Mar 20, 2008 8:00 am Secretary of State

| 1. Entity Name LEWIS BAIT & TACKLE, INC. | | | | | | O: | 3-20-2008 900 | 029 009 | ***150.0 | 0 |
|---|---|--|---|--|--|-----------------------------|---------------------------------------|-----------------------------------|-------------------------------------|-------------------------------------|
| Principal Place of Business 2827 NW PINE AVENUE OCALA, FL 34475 | | | Mailing Address 2827 NW PINE AVENUE OCALA, FL 34475 | | | θηθησοττ | | | | |
| Principal Place of Business - No P.O. Box # Mailing Addre | | | | ddress | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 03112008 | Chg-P | CR2E | 34 (12/06) | | | |
| City & State | | City & State | | | 4. FEI Number 14-1856554 | | | <u> </u> | oplied For ot Applicable | |
| Zip Country | | Zíp Coun | | try | 5. Certificate of Status Desired | | | \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent | | | | | 7. Name and Address of New Registered Agent Name | | | | | |
| LEWIS, LYNN.CAROL_ 17465 SW 27TH STREET | | | | | | s (P.O. Box Numbe | r is Not Acceptable | | | |
| DUNNELLON, FL 34432 | | | ı | | | | | | | |
| | | | | | City | | | FL | Zip Cod | |
| | named entit tions of regist | | or the purpose of changing its | s register | ed office or regist | tered agent, or bot | h, in the State of Flo | orida. I am | familiar with, | and accept |
| SIGNATURE | Signature, typed | or printed name of registered agent | and life if applicable. (NOT | TE Registere | d Agent signalure requi | ired when reinstating) | · · · · · · · · · · · · · · · · · · · | DATE | | 1 |
| | | | | | | | | | | |
| | | FEE IS \$150.00 8 Fee will be \$550. | 9. Election Campa Trust Fund Con | | | 5.00 May Be dded to Fees | | | | |
| After M | ay 1, 200 | | OO Trust Fund Con | tribution. | Ā | dded to Fees | CHANGES TO OFF | ICERS AND | | _= |
| After Ma | ay 1, 2006 | 6 Fee will be \$550. | 00 Trust Fund Con | tribution. | Ā | dded to Fees | CHANGES TO OFF | ICERS AND | DIRECTOR: | S IN 11 |
| After Ma 10. TITLE NAME | ST LEWIS, K | OFFICERS AND | OO Trust Fund Con | 11. | A A | dded to Fees | CHANGES TO OFF | ICERS AND | | _= |
| After Ma | ST LEWIS, K 17465 SW | 6 Fee will be \$550. | OO Trust Fund Con | 11. TITLE NAM STRE | Ā | dded to Fees | CHANGES TO OFF | ICERS AND | | _= |
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Interest certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

1352-489-2969