

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000131753

FILED
Apr 06, 2004
Secretary of State

Entity Name: CAPTAIN DAN'S BAITS INC.

Current Principal Place of Business:

19125 PHILLIPS ROAD
MASARYKTOWN, FL 34604

New Principal Place of Business:

11645 MEADOW LANE DR.
DADE CITY, FL 33525

Current Mailing Address:

19125 PHILLIPS ROAD
MASARYKTOWN, FL 34604

New Mailing Address:

11645 MEADOW LANE DR.
DADE CITY, FL 33525

FEI Number: 56-2307805

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARCI, JAMES E
58 COMMERCIAL WAY
SPRING HILL, FL 34606 US

Name and Address of New Registered Agent:

THOMAS, LEONARDO M
11645 MEADOW LANE DR.
DADE CITY, FL 33525 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: TOM LEONARDO

04/06/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: EBBECKE III, DANIEL J
Address: 19125 PHILLIPS ROAD
City-St-Zip: BROOKSVILLE, FL 34609

Title: STD () Delete
Name: EBBECKE, SUSAN
Address: 19125 PHILLIPS ROAD
City-St-Zip: BROOKSVILLE, FL 34609

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LEONARDO, THOMAS M
Address: 11645 MEADOW LANE DR.
City-St-Zip: DADE CITY, FL 33525

Title: STD (X) Change () Addition
Name: MC KENDREE, MARK
Address: P.O. BOX 254
City-St-Zip: SAN ANTONIO, FL 33576

Title: VP () Change (X) Addition
Name: LEONARDO, JOHN G
Address: 7318 STILLWATER DR.
City-St-Zip: HUDSON, FL 34667

Title: OFF () Change (X) Addition
Name: EBBECKE, DANIEL J
Address: 19125 PHILLIPS RD.
City-St-Zip: MASARYKTOWN, FL 34604

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM LEONARDO

PD

04/06/2004

Electronic Signature of Signing Officer or Director

Date