


FOR PROFIT CORPORATION REPORT (AR)

FILED
Aug 02, 2004 8:00 am
Secretary of State

08-02-2004 90017 027 ***150.00

DOCUMENT # P03000002236			
1. Entity Name GULF ATLANTIC FLORIDA FISHING MAGAZINE INC.			
Principal Place of Business POST OFFICE BOX 15066 TALLAHASSEE FL 32317-5066		Mailing Address POST OFFICE BOX 15066 TALLAHASSEE FL 32317-5066	
2. Principal Place of Business 1334 TIMBERLANE RD		3. Mailing Address	
Suite, Apt. #, etc. 3		Suite, Apt. #, etc.	
City & State TALLAHASSEE, FL		City & State	
Zip 32312	Country USA	Zip	Country
4. FEI Number 77-0594961		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUMENIK, PETER 2427 POTTS ROAD TALLAHASSEE FL 32308		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>Peter Rumenik</i>		DATE 7/27/04	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DRAPER, MATT 8340 CHICKSAW TRAIL TALLAHASSEE FL 32312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RUMENIK, PETER 2427 POTTS ROAD TALLAHASSEE FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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.			
SIGNATURE: <i>Peter Rumenik</i>		DATE 7/27/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

44051424



MOORE CR2E034 (4/04)