

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000002236

FILED
Apr 22, 2006
Secretary of State

Entity Name: GULF ATLANTIC FLORIDA FISHING MAGAZINE INC.

Current Principal Place of Business:

1123 N BRONOUGH ST
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 15066
TALLAHASSEE, FL 323175066

New Mailing Address:

FEI Number: 77-0594961

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUMENIK, PETER
2427 POTTS ROAD
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: ARTECONA, GEORGE K
Address: 1452 MANOR HOUSE RD
City-St-Zip: TALLAHASSEE, FL 32312

Title: DSDT () Delete
Name: RUMENIK, PETER
Address: 2427 POTTS ROAD
City-St-Zip: TALLAHASSEE, FL 32308

Title: PD () Delete
Name: DRAPER, MATT
Address: 8340 CICKASAW REAIL
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: COATES, RICHARD
Address: 11134 PENNEWAW TRACE
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: GEORGE K. ARTECONA

VPD

04/22/2006

Electronic Signature of Signing Officer or Director

Date