

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-12-2004 90025 008 ***150.00

DOCUMENT # P03000085854

1. Entity Name

DREAM TEAM FISHING TOURNAMENT, INC.



Principal Place of Business

124-A 2ND ST
FT PIERCE FL 34959

Mailing Address

124-A 2ND ST
FT PIERCE FL 34959

66402766



MOORE

CR2E034 (11/03)

2. Principal Place of Business

124-A North 2nd St

3. Mailing Address

124-A North 2nd St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft Pierce FL

City & State

Ft Pierce FL

4. FEI Number

33-1067124

Applied For

Not Applicable

Zip

34950

Country

USA

Zip

34950

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERKELEY, CHRISTOPHER

124-A 2ND ST
FT PIERCE FL 34959

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. **President** OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete

Christopher Berkeley
124 A North 2nd St
Ft Pierce FL 34950

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ 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:

CB Berkeley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-04

Date

772-559-8580

Daytime Phone #