


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2004 8:00 am
Secretary of State

08-11-2004 90004 004 ***150.00

DOCUMENT # P03000093650			
1. Entity Name EXTREME SALTWATER FISHING INC.			
Principal Place of Business 5050 PRAIRE DUNES VILLAGE CIR LAKEWORTH, FL 33463		Mailing Address 5050 PRAIRE DUNES VILLAGE CIR LAKEWORTH, FL 33463	
2. Principal Place of Business 6218 ANDREOZZI LN. Suite, Apt. #, etc.		3. Mailing Address 6218 ANDREOZZI LN. Suite, Apt. #, etc.	
City & State WINDERMERE, FL Zip: 34786 Country:		City & State WINDERMERE, FL Zip: 34786 Country:	
4. FEI Number		<input checked="" type="checkbox"/> Applied For No: Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SUMNER, JAY 5050 PRAIRE DUNES VILLAGE CIR LAKEWORTH, FL 33463		7. Name and Address of New Registered Agent Name: 6218 ANDREOZZI LN. Street Address (P.O. Box Number is Not Acceptable): WINDERMERE, FL City: 34786 State: 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: SUMNER, JAY STREET ADDRESS: 5050 PRAIRE DUNES VILLAGE CIR CITY-ST-ZIP: LAKEWORTH, FL 33463	<input type="checkbox"/> Delete	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 6218 ANDREOZZI LN. STREET ADDRESS: WINDERMERE, FL CITY-ST-ZIP: 34786	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
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TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
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>Jay B. Sumner</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 8/09/04	Daytime Phone #: 407-721-3389

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