

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000140587

1. Entity Name

TROPHY BAITS INC.



FILED
Mar 25, 2005 08:00 AM
Secretary of State

Principal Place of Business

9043 WHIPPOORWILL TRAIL
JUPITER, FL 33478

Mailing Address

9043 WHIPPOORWILL TRAIL
JUPITER, FL 33478



03222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

90-0127507

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KUBIAK, DANIEL
9043 WHIPPOORWILL TRAIL
JUPITER, FL 33478

**DO NOT WRITE
IN THIS SPACE**

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 reinstalling)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KUBIAK, DANIEL
STREET ADDRESS	9043 WHIPPOORWILL TRAIL
CITY-ST-ZIP	JUPITER, FL 33478
TITLE	V
NAME	KUBIAK, WALTER
STREET ADDRESS	604 GORHAM AVE
CITY-ST-ZIP	NORTH CAPE MAY, NJ 08204
TITLE	S
NAME	MONTGOMERY, ANTIGONE
STREET ADDRESS	3539 APALACHEE PKWY STE 159
CITY-ST-ZIP	TALLAHASSEE, FL 32311
TITLE	T
NAME	KUBIAK, ANTHONY
STREET ADDRESS	5398 SE MAJOR WAY
CITY-ST-ZIP	STUART, FL 34997
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/25/05-80030-009 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, 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:

Daniel T. Kubiak DANIEL T. KUBIAK

3-23-05

361-385 0389

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #