

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000158009

FILED  
Apr 21, 2004  
Secretary of State

**Entity Name:** FLORIDA PROFESSIONAL ANGLERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4500 JOE OVERSTREET ROAD  
KENANSVILLE, FL 3473+

**New Principal Place of Business:**

4500 JOE OVERSTREET ROAD  
KENANSVILLE, FL 34739

**Current Mailing Address:**

4500 JOE OVERSTREET ROAD  
KENANSVILLE, FL 3473+

**New Mailing Address:**

4500 JOE OVERSTREET ROAD  
KENANSVILLE, FL 34739

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MURCHIE, ROB  
4500 JOE OVERSTREET ROAD  
KENANSVILLE, FL 3473+

**Name and Address of New Registered Agent:**

MURCHIE, ROB  
4500 JOE OVERSTREET ROAD  
KENANSVILLE, FL 34739

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:

04/21/2004

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MURCHIE, ROB  
Address: 4500 JOE OVERSTREET ROAD  
City-St-Zip: KENANSVILLE, FL 3473+

Title: D ( ) Delete  
Name: WEATHERSMAN, TONY  
Address: 4725 OAKWOOD DRIVE  
City-St-Zip: ST. CLOUD, FL 34772

Title: D ( ) Delete  
Name: PULLER, DEAN  
Address: 2824 CONWAY GARDENS RD  
City-St-Zip: ORLANDO, FL 32806

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: MURCHIE, ROB  
Address: 4500 JOE OVERSTREET ROAD  
City-St-Zip: KENANSVILLE, FL 34739

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 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 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: ROBERT J MURCHIE

D

04/21/2004

Electronic Signature of Signing Officer or Director

Date