

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000036473 1. Entity Name BALD EAGLE BAIT & TACKLE, INC.	
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Principal Place of Business 155 EAST WALKER DRIVE KEYSTONE HEIGHTS, FL 32656 US	Mailing Address 155 EAST WALKER DRIVE KEYSTONE HEIGHTS, FL 32656 US
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02142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0776590	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**TYSON, JOSEPH D
155 EAST WALKER DRIVE
KEYSTONE HEIGHTS, FL 32656**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE /

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000363400 04/09/08-80046-018 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TYSON, JOSEPH D 155 EAST WALKER DRIVE KEYSTONE HEIGHTS, FL 32656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S.T TYSON, PATRICIA D 155 EAST WALKER DRIVE KEYSTONE HEIGHTS, FL 32656
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date _____ Daytime Phone # _____