2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State
04-03-2006 90396 005 ***150.00

DOCUMENT # P04000062005

1. Entity Name
A.M. FISHING PRODUCTS, INC.

Principal Place of Business	Mailing Address
6135 U.S. 1 GRANT, FL 32949	6135 U.S. 1 GRANT, FL 32949

50007872

03082006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
6145 US Hwy 1		6145 US Hwy 1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Grant		City & State: Grant	
Zip: 32949	Country: Brevard	Zip: 32949	Country: Brevard

4. FEI Number: 20-1001088 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

QUATRARO, ALBERT M
6135 U.S. 1
GRANT, FL 32949

7. Name and Address of New Registered Agent

Name: Quatraro, Albert M.
Street Address (P.O. Box Number Is Not Acceptable): 6145 US Hwy 1
City: Grant FL Zip Code: 32949

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] Albert M. Quatraro, Reg. Agent 03/08/06
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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST QUATRARO, ALBERT M 6135 US HWY 1 GRANT, FL 32949	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST Quatraro, Albert M. 6145 US Hwy 1 Grant, Florida 32949	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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] Albert M. Quatraro, Director 03/08/06 321-724-6856
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #