


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000088480</b> 1. Entity Name <b>GORDO'S BAIT &amp; TACKLE INC.</b>		
Principal Place of Business <b>494 S.E. MONTEREY ROAD STUART, FL 34994 US</b>	Mailing Address <b>494 S.E. MONTEREY ROAD STUART, FL 34994 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>THORNTON, GORDON 1808 S.W. KIMBERLY AVENUE PORT ST. LUCIE, FL 34953</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 renewing)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P THORNTON, GORDON 1808 S.W. KIMBERLY AVENUE PORT ST. LUCIE, FL 34953</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP SCHROEDER, JENNIFER 4689 SW WADE RD PORT ST. LUCIE, FL 34953</b>	
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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.		
<b>SIGNATURE:</b> <u><i>Gordon W. Thornton</i></u> <b>GORDON W. THORNTON</b> <u>4/15/07</u> <u>772-220-0950</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01252007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>41-2141353</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

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05/02/07-80021-020 150.00

**DO NOT WRITE  
IN THIS SPACE**