

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

01-17-2008 90031 025 ***150.00
P04000089458

DOCUMENT # P04000089458	
1. Entity Name SWORD SLASHER FISHING PRODUCTS, INC. <i>Swordslasher</i> (one word)	
Principal Place of Business 9694 VIA EMILIE BOCA RATON, FL 33428	Mailing Address 9694 VIA EMILIE BOCA RATON, FL 33428



FILED

08 JAN 25 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01132008 No Chg-P CR2E034 (11/05)

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4. FEI Number 42-1632278	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent

GIMBEL, BRUCE S
9694 VIA EMILIE
BOCA RATON, FL 33428

**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 Bruce S Gimbel [Signature] 1/13/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) 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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GIMBEL, BRUCE S 9694 VIA EMILIE BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GIMBEL, DENISE K 9694 VIA EMILIE BOCA RATON, FL 33428
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**DO NOT WRITE
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] Bruce Gimbel 1/13/08 (528) 818-6794
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #