

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90190 046 ***150.00

DOCUMENT # P04000142883

1. Entity Name

CASEY KEY ANGLERS & OUTFITTERS, INC.

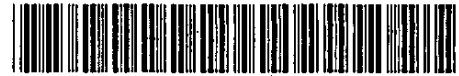


Principal Place of Business

820 ALBEE ROAD
SUITE 1
NOKOMIS FL 34275
US

Mailing Address

820 ALBEE ROAD
SUITE 1
NOKOMIS FL 34275
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

20-1750334

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, NEIL
820 ALBEE ROAD
SUITE 1
NOKOMIS FL 34275

7. Name and Address of New Registered Agent

Name **ROBERT COOKE**

Street Address (P.O. Box Number is Not Acceptable) **820 Albee Rd W. Suite #1**

City **NOKOMIS**

FL

Zip Code **34275**

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, 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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **SMITH, NEIL**
STREET ADDRESS **820 ALBEE ROAD, SUITE 1**
CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE **P** ☐ Delete
NAME **COOKE, ROBERT**
STREET ADDRESS **820 ALBEE ROAD, SUITE 1**
CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE **P** ☐ Delete
NAME **ROBIN ADRIAN**
STREET ADDRESS **603 N OLD LITCHFIELD RD**
CITY-ST-ZIP **LITCHFIELD PARK FL 33040**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Robert Cooke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/06

941-483-1115

Date

Daytime Phone #