

2008 FOR PROFIT CORPORATION

DOCUMENT # P04000142883

1. Entity Name
CASEY KEY ANGLERS & OUTFITTERS, INC.



FILED

08 JAN -7 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12202007

REIN-P

CR2E098 (1/07)

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

7. Name and Address of New Registered Agent

COOKE, ROBERT
820 ALBEE ROAD SUITE 1
NOKOMIS, FL 34275

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Robert Cooke *KEVIN COOKE*

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 January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP
000113406920
12/26/07--01053--004 **150.00

TITLE P ☐ Delete
NAME ADRIAN, ROBIN
STREET ADDRESS 603 N OLD LITCH FIELD RD
CITY-STATE-ZIP LITCHFIELD PARK, AZ 85340

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

TITLE ☐ Delete
NAME COOKE, KEVIN
STREET ADDRESS 820 ALBEE ROAD, SUITE 1
CITY-STATE-ZIP NOKOMIS, FL 34275

TITLE VP ☐ Change ☐ Addition
NAME COOKE, KEVIN
STREET ADDRESS 820 ALBEE ROAD #1
CITY-STATE-ZIP NOKOMIS, FL 34275

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

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:

Robert Cooke *KEVIN COOKE*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-483-1115