2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 27, 2006 8:00 am Secretary of State

DOCÚMENT # P05000048016

1. Entity Name					7	04-13-2006 90301	011 ***1	50.00
ADVENTURES IN ANGLING, INC.					7			
Principal Place of Business Mailing Address								
7500 SW 185TH CIRCLE		7500 SW 185TH CIRCLE			66012058			
DUNNELLO	N FL 34432	DUNNELLON FL 344	32			11 11 12 12 12 12 12 12	11 11 11 12 11 17 1	EMERI DIER
					_	Manalliniilli		
Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		┥	· MOORE CROSSO	24 (10/06)		
				900	227942	34 (10/05)	_	
City & State		City & State		4. FEI Numit	1999 99U2	 	opiied For	
Zip Country		Zip Coun		70		077 7947		lot Applicable
210	Country	4111		··· y	5. Certificate of Status Desired		\$8.75 Additional Fee Required	
	6. Name and Address of Curren	t Registered Agent			7. Name an	d Address of New Registered	1 Agent	
Name								
ADEL, GARY'D '''' 4 SE BROADWAY				Street Address (P.O. Box Number is Not Acceptable)				
	ALA FL 34471							
				City		F	L Zip Co	de
	named entity submits this statement tions of registered agent.	for the purpose of changing it	ls register	ed office or regist	ered agent, or bo	oth, in the State of Florida. I ar	n lamiliar with	, and accept
p.c oungu	ions or registered (igo)							
SIGNATURE	Signature, typed or printed herror of registered age	nt and bite it applicately (NC	OTE Repisione	d Appril signatura requir	ed when remaining)	DATE		
3.5 F	TLE NOW!!! FEE IS \$150.00 .					A Stanting Community Finan		
After	May 1, 2006 Fee Will Be \$550.0					Election Campaign Finar Trust Fund Contribution.		.00 May Be
Make Chec	k Payable to Florida Department	<u> </u>						· ·
10.	· · · OFFICERS AN		11.		ADDITIONS	/CHANGES TO OFFICERS AF		
TITLE NAME	D WAUGH, STEPHEN E	Oetete	IITL NAM				☐ Change	Addition
STREET ADORESS	1		STRE	ET ADDRESS				
. CITY-ST-ZIP	DUNNELLON FL 34432		CITY	-ST-ZIP				
TIFLE		☐ Delete	tim				Change	Addition
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CITY-ST-ZIP				-ST-ZIP				
tille		Ociete	IIIL	£			Change	Addition
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CITY-ST-ZIP	<u></u>		—-}-	-S1-ZIP				
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IITLE		☐ Detecte	TITL			 	Change	☐ Addition
NAME			NAM					
STREET ADDRESS	1		STRI	EET ADDRESS				

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.

CITY-ST-ZIP

SIGNATURE: _

CITY-ST-ZP

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-03-06

757.465.63D