## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P05000053987**

1. Entity Name REEL ANGLER PRO SHOP, INC.



**FILED** Mar 31, 2008 08:00 A Secretary of State

Principal Place of Business

**5085 SE DEVENWOOD WAY** STUART, FL 34997

Mailing Address

5085 SE DEVENWOOD WAY STUART, FL 34997



02272008

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-2675075

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAUL, PATRICIA A 5085 SE DEVENWOOD WAY STUART, FL 34997

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, typed or protect quant of represent agent and the 1 applicable.   (NOTE Registered Agent agentus required whon eventuing)   DATE    PILE NOWITI FEE IS \$150,00 After May 1, 2008 Fee will be \$550,00								
### STREET ADDRESS CITY-ST-7P TITLE MAKE STREET								
After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution.   10. OFFICERS AND DIRECTORS  ITTLE D SAUL, PATRICIA A STRET MORESS CITY-ST-2P STUART, FL 34997  ITTLE STRET MORESS CITY-ST-2P POMPANO BEACH, FL 33068  DO NOT WRITE ITTLE STRET MORESS CITY-ST-2P  ITTLE TITLE STRET MORESS CITY-ST-2P  ITTLE TITLE STRET MORESS CITY-ST-2P  ITTLE STRET MORESS ST					X Agristure required when reinstating) DATE			
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NAME STREET ADDRESS	name Street address							
12. I hereby certify that the information symplect with this filling close put qualify by the exampliane contained in Chapter 110. However, 11	NAME Street adoress City-St-Zip							

Indicated on this report of supplier with this imag over not quarry for the examples in Chapter 119, Florida Statutes, I attrier cernly that the information indicated on this report of supplierental report is true and accurate and that my signature shall have the same legal effect as if made under each; that I am an officer or director of the corporation of the receiver of 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.

**SIGNATURI**