2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 07, 2007 08:00 AN Secretary of State DOCUMENT # P05000144756 1. Entity Name BROADWATER FISHING CO. INC. Principal Place of Business Mailing Address 835 VIRGINIA ST 835 VIRGINIA ST **DUNEDIN FL 34698 DUNEDIN FL 34698** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apl. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & Stato 4. FEI Number Applied For 20-3687898 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desirod Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOLEK, RICHARD A Street Address (P.O. Box Number is Not Acceptable) 1992 BONNIE ST **DUNEDIN FL 34698** City 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 Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN-11 ☐ Change ☐ Addition TITLE Delete TITLE TUCKER, WILLIAM E III NAME NAME 835 VIRGINIA ST U000000625752 STREET ADORESS STREET ADDRESS n2/14/07-80087-010 150.00 **DUNEDIN FL 34698** CITY-ST-ZIP CITY+ST-ZIP Change ☐ Delete Addition TITLE THILE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-S1-ZIP LITTE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete HILE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP TITLE ☐ Delete DILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CUV-ST-7IP 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 Statutos. 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.

FILED

GNATURE: DET MALE OF SIGNING OFFICER OR DIRECTOR DIRECTOR