

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000129884

Entity Name: GO DADDY LURES INC.

FILED  
Apr 06, 2009  
Secretary of State

**Current Principal Place of Business:**

4851 SW 139TH PLACE  
LAKE BUTLER, FL 32054

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 270  
WORTHINGTON SPRINGS, FL 32697

**New Mailing Address:**

FEI Number: 20-8336953

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ELIXSON, BETTY J  
12077 SW 34TH TERRACE  
WORTHINGTON SPRINGS, FL 32697 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PCEO ( ) Delete  
Name: ELIXSON, DEAN L  
Address: 12077 SW 34TH TERRACE  
City-St-Zip: WORTHINGTON SPRINGS, FL 32697

Title: D ( ) Delete  
Name: HANDLEY, BRETT  
Address: 4851 SW 139TH PLACE  
City-St-Zip: LAKE BUTLER, FL 32054

Title: D ( ) Delete  
Name: PENDERGAST, JIMMY R  
Address: 343 SE LITTLE JOHN PLACE  
City-St-Zip: HIGH SPRINGS, FL 32643

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CEO (X) Change ( ) Addition  
Name: ELIXSON, DEAN L  
Address: 12077 SW 34TH TERRACE  
City-St-Zip: WORTHINGTON SPRINGS, FL 32697

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEAN L. ELIXSON

CEO

04/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date