

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000003543

FILED
Apr 23, 2004
Secretary of State

Entity Name: EVERGLADES ANGLER, INC.

Current Principal Place of Business:

810 12TH AVENUE SOUTH
NAPLES, FL

New Principal Place of Business:

810 12TH AVENUE SOUTH
NAPLES, FL 34102

Current Mailing Address:

810 12TH AVENUE SOUTH
NAPLES, FL

New Mailing Address:

810 12TH AVENUE SOUTH
NAPLES, FL 34102

FEI Number: 65-0373097

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARD, MARK
2040 LONGBOAT DR
SUITE 101
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

WARD, MARK
2040 LONGBOAT DR
NAPLES, FL 34104 US

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:

04/23/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WARD, MARK
Address: 2040 LONGBOAT DR
City-St-Zip: NAPLES, FL 34104

Title: ST () Delete
Name: WARD, DOROTHY
Address: 2040 LONGBOAT DR
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 for the exemption stated in Section 119.07(3)(i), 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: DOROTHY WARD

ST

04/23/2004

Electronic Signature of Signing Officer or Director

Date