


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2007 08:00 A
Secretary of State

DOCUMENT # P93000041607 1. Entity Name MATECUMBE SPORTFISHING INC.	
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Principal Place of Business 200 RIVER ROAD CIRCLE ROCKLEDGE, FL 32955 US	Mailing Address 200 RIVER ROAD CIRCLE ROCKLEDGE, FL 32955 US
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DO NOT WRITE IN THIS SPACE



01222007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0429857	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BYRNES, J. MARK
200 RIVER ROAD CIRCLE
ROCKLEDGE, FL 32955**

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000764930 05/31/07-80010-020 150.00
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10. OFFICERS AND DIRECTORS

TITLE D	BYRNES, J. MARK 200 RIVER ROAD CIRCLE ROCKLEDGE, FL 32955
TITLE ST	BYRNES, DEBRA D 200 RIVER ROAD CIRCLE ROCKLEDGE, FL 32955
TITLE 	
TITLE 	
TITLE 	
TITLE 	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE:  **1/22/07 321-794-4448**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #