2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State
04-23-2004 90249 016 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P94000001986

1. Entity Name

TAYLOR MADE SPORT FISHING, INC.

Principal Place of Business	Mailing Address
77 ALBERTA AVE. PONCE INLET FL 32127 US	77 ALBERTA AVE. PONCE INLET FL 32127 US

2. Principal Place of Business		3. Mailing Address	
4894 Sailfish Dr.		4894 Sailfish Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Ponce Inlet FL		City & State: Ponce Inlet FL	
Zip: 32127	Country	Zip: 32127	Country

4. FEI Number 59-3214803 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TOUNG, BRIAN R ESQ
619 N. GRANDVIEW AVE.
DAYTONA BEACH FL 32118

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ — **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FORMAN, CHRIS	NAME	
STREET ADDRESS	~~77 ALBERT AVE.~~	STREET ADDRESS	4894 Sailfish Dr.
CITY-ST-ZIP	~~PONCE INLET FL 32127~~	CITY-ST-ZIP	Ponce Inlet FL 32127
TITLE	DVS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FORMAN, JACQUELYN	NAME	
STREET ADDRESS	~~77 ALBERT AVE.~~	STREET ADDRESS	4894 Sailfish Dr.
CITY-ST-ZIP	~~PONCE INLET FL 321~~27	CITY-ST-ZIP	Ponce Inlet, FL 32127
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Jacquelyn Forman — 4/13/04 — (386) 788-2637
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #