


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90165 029 ***150.00

DOCUMENT # P95000017795

1. Entity Name
INSHORE SALT WATER ANGLERS, INC.



Principal Place of Business Mailing Address
P.O. BOX 550708 *** P.O. BOX 550708**
JACKSONVILLE, FL 32255 US **JACKSONVILLE, FL 32255 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
2910 SR 13 N *** Same**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Jacksonville FL **Jacksonville FL**
 Zip Country Zip Country
32259 **US** **32259** **US**

4. FEI Number Applied For
59-3297544 Not Applicable

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

04122007 Chg-P **CR2E034 (12/06)**



6. Name and Address of Current Registered Agent

MIZELLZ, DAVID
12357 SUTTON ISLAND DR
JACKSONVILLE, FL 32225

7. Name and Address of New Registered Agent

Name **MIKE DAVIS**
 Street Address (P.O. Box Number is Not Acceptable) **13793 Heron's Landing Way, Unit #9**
 City **Jacksonville** **FL** Zip Code **32224**

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 *Mike Davis* - **Treasurer** DATE **4/12/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------------|--|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | DAVIS, MIKE | |
| STREET ADDRESS | 4026 CEDAR ISLAND DR E | |
| CITY-ST-ZIP | JACKSONVILLE BEACH, FL 32250 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | FEGERQUIST, CHARLIE | |
| STREET ADDRESS | 6712 BLANDING BLVD | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32244 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | ELROD, JOY | |
| STREET ADDRESS | 2805 ROBINETTE DR | |
| CITY-ST-ZIP | ORANGE PARK, FL 32073 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | CARROLL, DAVY | |
| STREET ADDRESS | 4272 GLENVIEW RD | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32207 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | ELROD, BENNIE | |
| STREET ADDRESS | 2805 ROBINETTE DR | |
| CITY-ST-ZIP | ORANGE PARK, FL 32073 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BROWN, DANNY | |
| STREET ADDRESS | 4445 KENNEDY CT | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32207 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---|--|
| TITLE | T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DAVIS, MIKE | |
| STREET ADDRESS | 13793 Heron's Landing Way, Unit #9 | |
| CITY-ST-ZIP | Jacksonville, FL 32224 | |
| TITLE | S | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Isbell, Angel | |
| STREET ADDRESS | 10174 Rising Must Lane | |
| CITY-ST-ZIP | Jacksonville, FL 32221 | |
| TITLE | P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Persampieri, Steve | |
| STREET ADDRESS | 2910 SR 13 N | |
| CITY-ST-ZIP | Jacksonville, FL 32259 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Wilson, Fred | |
| STREET ADDRESS | 10628 Coleman Rd | |
| CITY-ST-ZIP | Jacksonville, FL 32257 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: *Mike Davis* **MIKE DAVIS** DATE **4/12/07** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR