

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000020271**

**1. Entity Name**  
**EVERGLADES PRO BASS CENTER, INC.**



**Principal Place of Business**  
**8246 GRIFFIN RD**  
**DAVIE, FL 33328**

**Mailing Address**  
**8246 GRIFFIN RD**  
**DAVIE, FL 33328**

**DO NOT WRITE IN THIS SPACE**



02052004 No Chg-P CR2E034 (10/03)

**4. FEI Number**  
**65-0566727**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**FITZSIMMONS, JUDY**  
**8246 GRIFFIN ROAD**  
**DAVIE, FL 33328**

**DO NOT WRITE  
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**

*[Signature]* **(JUDITH FITZSIMMONS)**

**3/8/04**

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

000000083875  
03/10/04-80056-023 150.00

**10. OFFICERS AND DIRECTORS**

**TITLE** DP  
**NAME** FITZSIMMONS, PATRICK  
**STREET ADDRESS** 2280 SW 42ND WAY  
**CITY-ST-ZIP** FT LAUDERDALE, FL 33317

**TITLE** ST  
**NAME** FITZSIMMONS, JUDITH  
**STREET ADDRESS** 2280 SW 42ND WAY  
**CITY-ST-ZIP** FT LAUDERDALE, FL 33317

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**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:**

*[Signature]* **(JUDITH FITZSIMMONS)**

**3/8/04**

**954-484-4495**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #