

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 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**



03192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 obligation of registered agent.

SIGNATURE _____

(Type or print 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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000674418
03/29/07-80069-020 150.00

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

**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: _____

(Type or print name of signing officer or director)

Date

Daytime Phone #