

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000040900 1. Entity Name GORE CREEK FLY FISHERMAN, INC.	
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Principal Place of Business
41 B. W. OSCEOLA STREET
STUART, FL 34994Mailing Address
41 B. W. OSCEOLA STREET
STUART, FL 34994

04292005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0620258
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

LOKAY, MARK C
3123 NE IVY LANE
JENSEN BEACH, FL 34957**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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when withdrawing)

DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees000000354913
05/03/05-80122-014 150.00

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	LOKAY, MARK
STREET ADDRESS	3123 NW IVY LANE
CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	D
NAME	LOKAY, CHRISTINE
STREET ADDRESS	3123 NW IVY LANE
CITY-ST-ZIP	JENSEN BEACH, FL 34957
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 exemption stated in Section 119.07(3)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-05