


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000084504 1. Entity Name GRAND SLAM BAIT & TACKLE, INC.	
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Principal Place of Business 261 NORTH ALT. A1A JUPITER, FL 33477	Mailing Address 261 NORTH ALT. A1A JUPITER, FL 33477
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01262005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0623601	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BLACK, RICHARD B. 15 BAY HARBOR RD. TEQUESTA, FL 33469

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLACK, RICHARD B 15 BAY HARBOR RD TEQUESTA, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BLACK, KATHERINE 15 BAY HARBOR RD TEQUESTA, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCGARTH, JAMES 3324 COVE ROAD TEQUESTA, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Black

Date

Daytime Phone #

1/26/05

561 746-0526