

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90211 010 ***150.00

DOCUMENT # P96000010479 1. Entity Name THE ULTIMATE FISHING & HUNTING PRODUCTS COMPANY																																					
Principal Place of Business 125 AUCILA ROAD COCOA BEACH, FL 32931			Mailing Address 125 AUCILA ROAD COCOA BEACH, FL 32931																																		
2. Principal Place of Business		3. Mailing Address																																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																			
City & State		City & State		02272006 Chg-P CR2E034 (11/05)																																	
Zip		Country		4. FEI Number 59-3369295																																	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																																	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																	
WOODS, DOROTHY Z 125 AUCILA ROAD COCOA BEACH, FL 32931				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing.) DATE</small>																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																	
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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: <i>Dorothy Z Woods</i> <div style="float: right; text-align: right;"> 4-24-06 321-783-0201 </div>																																					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																					