



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90300 030 ***150.00

DOCUMENT # P96000037846 1. Entity Name SALONIKA BAIT & TACKLE SHOP, INC.																	
Principal Place of Business 6211 RIDGE ROAD PORT RICHEY, FL 34668			Mailing Address 9300 REGENCY PARK BLVD PORT RICHEY, FL 34668-5023														
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 03132004 Chg-P CR2E034 (10/03)													
City & State		City & State															
Zip	Country	Zip	Country														
4. FEI Number 59-3375078		Applied For <input type="checkbox"/> Not Applicable															
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent PRANGA, ANTOINETTE 8200 LOS ALAMOS PORT RICHEY, FL 34668													
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 <i>Antoinette Pranga President</i> DATE <i>4/7/04</i> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PD</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PRANGA, ANTOINETTE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8200 LOS ALAMOS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PORT RICHEY, FL 34668</td> <td></td> </tr> </table>		TITLE	PD	<input type="checkbox"/> Delete	NAME	PRANGA, ANTOINETTE		STREET ADDRESS	8200 LOS ALAMOS		CITY-ST-ZIP	PORT RICHEY, FL 34668	
TITLE	PD	<input type="checkbox"/> Delete															
NAME	PRANGA, ANTOINETTE																
STREET ADDRESS	8200 LOS ALAMOS																
CITY-ST-ZIP	PORT RICHEY, FL 34668																
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			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.			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition															
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
SIGNATURE: <i>Antoinette Pranga</i> ANTOINETTE PRANGA <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>4/7/04</i> Daytime Phone # <i>(727) 849-6377</i>		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.													