

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90517 016 ***150.00

DOCUMENT # P96000041152

1. Entity Name
LONGPOINT BAIT & TACKLE, INC.



Principal Place of Business
**100 LONGPOINT ROAD
MELBOURNE BEACH, FL 32951**

Mailing Address
**100 LONGPOINT ROAD
MELBOURNE BEACH, FL 32951**

DO NOT WRITE IN THIS SPACE



04112005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3377543

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**ANDERSON, J. PATRICK
930 S. HARBOR CITY BLVD.
SUITE 505
MELBOURNE, FL 32901**

**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 reinstating)

DATE _____

**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 D
NAME GEBELEIN, DALE
STREET ADDRESS 7785 A1A
CITY-ST-ZIP S MELBOURN BCH, FL 32951

TITLE D
NAME GEBELEIN, MICHELLE E
STREET ADDRESS 7785 A1A
CITY-ST-ZIP S MELBOURN BCH, FL 32951

TITLE T
NAME GEBELEIN, TROY M
STREET ADDRESS 146 AMBER PL
CITY-ST-ZIP MELBOURNE BEACH, FL 32951

TITLE AT
NAME GEBELEIN, DALE F JR
STREET ADDRESS 373 HIAWATHA WAY
CITY-ST-ZIP MELBOURNE BEACH, FL 32951

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)(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

Date

Daytime Phone #

4-28-05

321-984-4131