2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

FILED Apr 30, 2007 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

04032007 No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3377543

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

.....

ANDERSON, J. PATRICK 930 S. HARBOR CITY BLVD. SUITE 505

DO NOT WRITE IN THIS SPACE

SUITE 505 MELBOURNE, FL 32901			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					
FILE NOW!!! FEE 1S \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Financing Trust Fund Contribution.	, 	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEBELEIN, DALE 7785 A1A S MELBOURN BCH, FL 32951	i			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEBELEIN, MICHELLE E 7785 A1A S MELBOURN BCH, FL 32951				
TITLE NAME STREET ADDRESS CITY+ST-ZIP	T GEBELEIN, TROY M 146 AMBER PL MELBOURNE BEACH, FL 32951			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY+ST+ZIP	AT GEBELEIN, DALE F JR 373 HIAWATHA WAY MELBOURNE BEACH, FL 32951		IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY+ST+ZIP					000000740309 .05/14/07-80062-010 150.00
TITLE					

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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-07

321-984-4131

Date

Daytime Phone #