

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90216 024 \*\*\*150.00

**DOCUMENT # P96000070934**

1. Entity Name

SURE THING BAITS AND SEAFOOD, INC.



Principal Place of Business

1250 OCEAN VIEW  
MARATHON FL 33050  
US

Mailing Address

P O BOX 500637  
MARATHON FL 33050-637  
US



2. Principal Place of Business

715 65th St.  
Suite, Apt. #, etc.

3. Mailing Address

PO Box 121  
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

MARATHON, FL. 33050

City & State

Preston, Ga.

4. FEI Number

65-0694669

Applied For

Not Applicable

Zip

33050

Country

USA

Zip

31824

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GREENMAN, FRANKLIN D ESQ.  
5800 OVERSEAS HIGHWAY  
SUITE 40  
MARATHON FL 33050

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

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, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PDST ☐ Delete

NAME CULMER, GENE  
STREET ADDRESS 1250 OCEAN VIEW AVE  
CITY-ST-ZIP MARATHON FL 33050

TITLE DVP ☐ Delete

NAME CULMER, EUGENE J  
STREET ADDRESS 1250 OCEAN VIEW AVE  
CITY-ST-ZIP MARATHON FL 33050

TITLE DVP ☐ Delete

NAME CULMER, EUGENE R  
STREET ADDRESS 1250 OCEAN VIEW AVE  
CITY-ST-ZIP MARATHON FL 33050

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-06 229-828-2016