## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 27, 2006 08:00 AN DOCUMENT # P97000002265 **Secretary of State** FINEST KIND OFFSHORE TACKLE, INC. Principal Place of Business Mailing Address 3585 SE ST LUCIE BLVD 3585 SE ST LUCIE BLVD STUART, FL 34997 US STUART, FL 34997 US 01182006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0729186 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEHNER, JOSEPH L DO NOT WRITE 3585 SE ST LUCIE BLVD. STUART, FL 34997 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, typed or printed name of registered agent and title it applicable. (NOTE, Registered Agent algorature required when relinstating) U00000402900 02/03/06-90027-003 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE LEHNER, JOSEPH L NAME STREET ADDRESS 3585 SE ST LUCIE BLVD. CITY-ST-ZP STUART, FL 34997 TITLE NAME STREET ADDRESS CITY-SY-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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

//85/04 712-284-/500 Date Dayline Phone #

FILED