


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jul 28, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # P97000032942</b> 1. Entity Name GOTCHA' SPORTFISHING, INC.	
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Principal Place of Business C/O HOLIDAY ISLE MARINA, MM84 ISLAMORADA, FL 33036	Mailing Address P.O. BOX 1221 ISLAMORADA, FL 33036
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**DO NOT WRITE IN THIS SPACE**



07262005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0742991	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  
  
MIKLAS, JOE  
88765 OVERSEAS HWY.  
TAVERNIER, FL 33070

**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 _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when the holding)</small>	DATE _____
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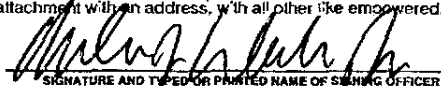
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	DP WALKER, MELVIN J JR. 133 N. HAMMOCK RD. ISLAMORADA, FL 33036
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07/28/05-80003-014 150.00

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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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	7/25/05 305-664-9517 <small>Date Daytime Phone #</small>
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