

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000059260

1. Entity Name
FISHING ADVENTURES OF BOCA GRANDE, INC.



Principal Place of Business
350 GASPARILLA RD.
BOCA GRANDE, FL 33921

Mailing Address
P.O. BOX 1604
BOCA GRANDE, FL 33921

DO NOT WRITE IN THIS SPACE

**FILED
Mar 17, 2006 08:00 AM
Secretary of State**



03082006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0771333	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEWART, W. DOUGLAS JR.
350 GASPARILLA ST.
BOCA GRANDE, FL 33921

**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 reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

T
STEWART, CAROL
350 GASPARILLA ST POB 1604
BOCA GRANDE, FL 33921

P
STEWART, W. DOUGLAS JR
350 GASPARILLA ST POB 1604
BOCA GRANDE, FL 33921

U000000470931
03/28/06-80033-017 150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

STEWART

3-15-06 941-276-1400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #