

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 08, 2007 08:00 AM
Secretary of State

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



02232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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. DOUBLAS 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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	STEWART, CAROL
STREET ADDRESS	350 GASPARILLA ST POB 1604
CITY- ST- ZIP	BOCA GRANDE, FL 33921

TITLE	P
NAME	STEWART, W. DOUGLAS JR
STREET ADDRESS	350 GASPARILLA ST POB 1604
CITY- ST- ZIP	BOCA GRANDE, FL 33921

TITLE	
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STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000766070
06/08/07-80002-006 550.00

**DO NOT WRITE
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/16/07 9419641786

Date

Debit Phone #