


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000085068		
1. Entity Name GOLDEN GATE TACKLE BOX, INC.		

Principal Place of Business 4754 GOLDEN GATE PKWY NAPLES, FL 34116	Mailing Address P. O. BOX 990051 NAPLES, FL 34116
--	---

DO NOT WRITE IN THIS SPACE



03292004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3471382	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MOOTISPAW, JESS E
1180 SUGARBERRY ST
NAPLES, FL 34117

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 Jess E. Mootispa JESS E. MOOTISPAW 4/12/04
(Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when remaining) DATE)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, EVELYN B 2772 MANORCA AVE. NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, RICHARD E 2772 MANORCA AVE. NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOOTISPAW, EVELYN E 1180 SUGARBERRY NAPLES, FL 34117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000112723
04/14/04-80034-008 150.00

DO NOT WRITE
IN THIS SPACE

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.

SIGNATURE: Evelyn E Mootispa EVELYN E MOOTISPAW 4/12/04 239-455-3592
(Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #)