

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2005 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



03202005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3471382

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000273354
03/23/05-80021-023 150.00

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
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CITY - ST - ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/05
Date

239-348-8771
Daytime Phone #