

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90252 027 ***150.00

DOCUMENT # P98000007426

1. Entity Name
TACKLE MASTERS CO.



Principal Place of Business
**12963 SE SUZANNE DRIVE
HOBE SOUND, FL 33455**

Mailing Address
**12963 SE SUZANNE DRIVE
HOBE SOUND, FL 33455**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

65-0816678

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEWIS, DUANE H
800 LAKESIDE DRIVE
NORTH PALM BCH, FL 33408**

Name

MARIO A PAGANO

Street Address (P.O. Box Number is Not Acceptable)

7921 SE SUGAR PINES WAY

City

Hobe Sound

FL

**Zip Code
33455**

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 certifying)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
LEWIS, DUANE H
800 LAKESIDE DRIVE
NORTH PALM BEACH, FL 33408 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
MARIO A PAGANO
7921 SE SUGAR PINES WAY
Hobe Sound FL 33455 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
PAGANO, MARIO
7921 SE SUGAR PINES WAY
HOBE SOUND, FL 33455 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
Judith A. PAGANO
7921 SE SUGAR PINES WAY
Hobe Sound FL 33455 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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: *Mario Pagano*

MARIO PAGANO

01-05-07 772-545-0388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #