

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000066580

1. Entity Name
ANGLERS ISLAND MARINE, INC.



Principal Place of Business
**3944 PINE ISLAND ROAD NW
 MATLACHA, FL 33993**

Mailing Address
**3944 PINE ISLAND ROAD NW
 MATLACHA, FL 33993**



01302006 No Chg-P CF2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0855295	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

**LAMBERG, JOHN
 3944 PINE ISLAND ROAD NW
 MATLACHA, FL 33993**

**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, 2006 Fee will be \$650.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LAMBERG, JOHN
STREET ADDRESS	16925 SILVER TARPON LDG CT
CITY- ST- ZIP	BOKEELIA, FL 33922

000000423613
 02/18/06-80014-024 150.00

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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**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: *John Lamberg*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-06 (239)283-4000
Date Daytime Phone #