

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90356 014 ***150.00

DOCUMENT # P98000094481

1. Entity Name
TIGHT LINES & GOOD TIMES, INC.



Principal Place of Business

Mailing Address

~~MILWAUKEE, WISCONSIN~~
~~4340 W HILLSBOROUGH AVE 212~~
~~TAMPA, FL 33614 US~~

~~MILWAUKEE, WISCONSIN~~
~~4340 W HILLSBOROUGH AVE 212~~
~~TAMPA, FL 33614 US~~

2. Principal Place of Business

2226 S.R. 580

3. Mailing Address

2226 S.R. 580

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282004

Chg-P

CR2E034 (10/03)

City & State

Clearwater FL

City & State

Clearwater FL

4. FEI Number

58-2427502

Applied For

Not Applicable

Zip

33763

Country

USA

Zip

33763

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUDOBA, STEPHEN M
101 E. KENNEDY BLVD.
SUITE 3700
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME SCHMIDT, ROBERT JR
STREET ADDRESS ~~4340 W HILLSBOROUGH AVE 212~~
CITY-ST-ZIP TAMPA, FL 33614 ☐ Delete

TITLE S
NAME SCHMIDT, ROBERT E III
STREET ADDRESS 330 EAST KILBOURNE AVENUE, #1454
CITY-ST-ZIP MILWAUKEE, WI 53202 ☐ Delete

TITLE T
NAME SCHMIDT, KELLY C
STREET ADDRESS ~~4340 W HILLSBOROUGH AVE 212~~
CITY-ST-ZIP TAMPA, FL 33614 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 2226 S.R. 580
CITY-ST-ZIP Clearwater, FL 33763 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS 2226 S.R. 580
CITY-ST-ZIP Clearwater, FL 33763 ☒ Change ☐ Addition

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

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

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 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

4/28/04

Date

(727) 499-2226

Daytime Phone #