## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 07, 2008 8:00 am Secretary of State

04-07-2008 90054 025 \*\*\*150 00

DOCUMENT # P99000104479  1. Entity Name JUNO BAIT & CUSTOM RODS, INC.						***15		
Principal Place of Business  12220 US HWY 1  NORTH PALM BEACH, FL 33408  Mailing Address  12220 US HWY 1  NORTH PALM BEACH, FL 33408		33408	4 (80)(28) (18 (9)(4	1 (4)   <b>8</b>   (4)   <b>8</b>   (1)   <b>8</b>   (2)		19 18 <b>9(6 18</b> (	188: II 1881	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address   12214 U.S HWY   3. Mailing Address   12214 U.S HWY   Suite, Apt. #, etc.   Suite, Apt. #, etc.		wy 1	01172008	Chg-P	CR2E034 (			
North Palm Beach Fl	City & State	BEAUL FI	4, FEI Number 65-096460			Ар	plied For	
Zip Country , 33408	<sup>Zip</sup> -33408	Country	5. Certificate of S			75 Add Required	itional	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent					
WHEELER, JAMES A		Name						
12220 US HWY 1 NORTH PALM BEACH, FL 33408		Street Address	Street Address (P.O. Box Number is Not Acceptable)					
		City			FL	Zip Code		
The above named entity submits this statement for the purpose of changing its registered office or regist the obligations of registered agent.			ered agent, or both, in	the State of Florid		iar with,	and accept	
SIGNATURE Signature, typed or printed name of registered agent is	ind little if applicable. (NOTE:	Registered Agent algnature requi	ed when reinstaling)		"DATE	<u>.</u>	<u> </u>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.0	9. Election Campaig Trust Fund Contri	·	5.00 May Be Ided to Fees				. 1	
10. OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHA	ANGES TO OFFICE	ERS AND DIR	FOTOO	INI 11	
		- T						
···		TITLE				Change	Addition	
NAME WHEELER, JAMES STREET ADDRESS 1977 PLEASANT DRIVE	☐ Delete	TITLE NAME STREET ADDRESS						
NAME WHEELER, JAMES STREET ADDRESS 1977 PLEASANT DRIVE CITY-ST-ZIP NORTH PALM BEACH, FL 3340	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		-		Change	Addition	
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12. Thereby certify that the information supplied with this faing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is ruped in a contract of the corporation of supplemental report is rue 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 eceiver 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;

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.1.08 561.694.279