

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000106655

1. Entity Name  
COMPLEAT ANGLER II, INC.



Principal Place of Business  
11 S.E. 20TH AVENUE  
POMPANO BEACH, FL 33062

Mailing Address  
11 S.E. 20TH AVENUE  
POMPANO BEACH, FL 33062



04192007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0968864

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

O'NEAL, PATRICK ESQ.  
2900 EAST OAKLAND PARK BLVD.  
SUITE 300  
FORT LAUDERDALE, FL 33306

**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

4/23/07

**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**

TITLE D  
NAME BURKERT, JON  
STREET ADDRESS 11 S.E. 20TH AVENUE  
CITY-ST-ZIP POMPANO BEACH, FL 33062

TITLE D  
NAME BURKERT, JILL  
STREET ADDRESS 11 S.E. 20TH AVENUE  
CITY-ST-ZIP POMPANO BEACH, FL 33062

TITLE PD  
NAME JOHNSON, JEROME A  
STREET ADDRESS 11 S.E. 20TH AVENUE  
CITY-ST-ZIP POMPANO BEACH, FL 33062

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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05/09/07-80042-020 150.00

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/07

Date

954-946-1450

Daytime Phone