


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000106655 1. Entity Name COMPLEAT ANGLER II, INC.	
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Principal Place of Business 11 S.E. 20TH AVENUE POMPAÑO BEACH, FL 33062	Mailing Address 11 S.E. 20TH AVENUE POMPAÑO BEACH, FL 33062
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DO NOT WRITE IN THIS SPACE

FILED
Aug 01, 2008 08:00 AM
Secretary of State



07172008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0968864	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when remaining) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURKERT, JON 11 S.E. 20TH AVENUE POMPAÑO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURKERT, JILL 11 S.E. 20TH AVENUE POMPAÑO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, JEROME A 11 S.E. 20TH AVENUE POMPAÑO BEACH, FL 33062
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<p>U00000956827 08/01/08-80001-014 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: *Jerome A. Johnson* 7-18-08 954-946-1450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #