


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 14, 2005 8:00 am**  
**Secretary of State**

01-14-2005 90019 020 \*\*\*150.00

**DOCUMENT # S06072**

1. Entity Name  
 PASS-A-GRILLE BAIT & TACKLE CO.



Principal Place of Business  
 801 PASS-A-GRILLE WAY  
 ST. PETE BEACH, FL 33706 US

Mailing Address  
 111-12TH AVENUE  
 ST.PETERSBURG BEACH, FL 33706

40001081



2. Principal Place of Business  
 801 Pass A Grille Way  
 Suite, Apt. #, etc.

3. Mailing Address  
 111 12th AVE  
 Suite, Apt. #, etc.

01042005 Chg-P CR2E034 (10/03)

City & State  
 St. Pete Beach, Fl.

City & State  
 St. Pete Beach, Fl.

Zip  
 33706

Country  
 U.S.A.

Zip  
 33706

Country  
 U.S.A.

4. FEI Number  
 59-3034740

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ERCIUS, WALTER R.  
 111 12TH AVE  
 ST PETERSBURG BCH., FL 33706-4205

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 Walter R. Ercius **WALTER R. ERCIUS - PRES.** **1-10-05**

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ERCIUS, WALTER R. 111 12TH AVENUE ST.PETERSBURG BCH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TURNER, CHRIS 111 12TH AVENUE ST.PETERSBURG BCH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Walter R. Ercius **1-10-05** **(727)360-6606**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #