


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # S42224
 1. Entity Name
FISHERMAN'S EDGE TACKLE, INC.



Principal Place of Business Mailing Address
4425 PLACIDA ROAD **4425 PLACIDA ROAD**
GROVE CITY, FL 34224 **GROVE CITY, FL 34224**

DO NOT WRITE IN THIS SPACE



02122007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0256943	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MACKEY, JAMES E.
20 WINDWARD COURT
CAPE HAZE, FL 33947

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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)

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

0000057249
 03/29/07 00000 000 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACKEY, JAMES 20 WINDWARD COURT CAPE HAZE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JONES, DAVID 940 MORNINGSIDE DR ENGLEWOOD, FL 34224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HYDE, THOMAS 19115 SE 44TH ST #44 OCKLAWAHA, FL 32179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 *James E. Mackey* 3-15-2007 941-647-7895
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #