2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S52563

7957 9TH AVE S

ST PETERSBURG, FL 33707

Address: City-St-Zip:

ty Name: MAKO'S TACKLE SUPPLY, INC

FILED May 14, 2008 Secretary of State

Entity Nai	me: MAKUS	TACKLE SUPPLY, INC.			
Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
12504 STARKEY ROAD LARGO, FL 33773 US			8926 126TH AVE N LARGO, FL 33773	US	
Current M	lailing Addres	s:	New Mailing Addres	New Mailing Address:	
12504 STA LARGO, F	ARKEY ROAD L 33773 US	6	8926 126TH AVE N LARGO, FL 33773	US	
FEI Number	: 59-3082621	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
LICHTENBERGER, ERICH T 12504 STARKEY RD LARGO, FL 33773 US			LICHTENBERGER, E 8926 126TH AVE N LARGO, FL 33773		
The above in the State	named entity : e of Florida.	submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATUR	RE:			05/14/2008	
	Electror	ic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	t receive the prior notice.		
	S AND DIREC		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () LICHTENBERG 7957 9TH AVE ST PETERSBU	S	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () LICHTENBERG 518 WINTERS PALM CITY, FL	CREEK RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:		Delete ER, PATRI, CIA	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: PATRICIA K LICHTENBERGER O 05/14/2008