

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # S87195

1. Entity Name

THE WORLD CLASS ANGLER, INC.



Principal Place of Business

5050 OVERSEAS HWY
MARATHON FL 33050 US

Mailing Address

5800 OVERSEAS HWY
SUITE 40
MARATHON FL 33050

DO NOT WRITE IN THIS SPACE



01142008 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0299399

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREENMAN, FRANKLIN D ESQ.
5800 OVERSEAS HIGHWAY
SUITE 40
MARATHON, FL 33050

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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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

DATE
0000000012000
02/12/08-80063-020 150.00

10. OFFICERS AND DIRECTORS

TITLE PS
NAME NAVARRO, DAVID M
STREET ADDRESS 1998 OVERSEAS HWY., #2-A
CITY-ST-ZIP MARATHON, FL 33050

TITLE VT
NAME KRUMME-NAVARRO, E. ANNE
STREET ADDRESS 1998 OVERSEAS HWY., #2-A
CITY-ST-ZIP MARATHON, FL 33050

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #