## **2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

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Aug 09, 2004 8:00 am Secretary of State 08-09-2004 90008 007 \*\*\*150.00

FILED

OCUMENT # 448221 Entity Name		
ES WILL'S RIVERLAND BAIT, TACKLE & GUN	,	

Mailing Address Principal Place of Business 272 S.W. 27AVE 272 S.W. 27AVE FT. LAUDERDALE FL 33312 FT. LAUDERDALE FL 33312 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (4/04) 4. FEI Number Applied For City & State City & State 59-1535670 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STAN, RICHARD H. Street Address (P.O. Box Number is Not Acceptable) 272 SW 27TH AVENUE FORT LAUDERDALE FL 33312 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be late fee. By checking this box, the corporation certifies it DUE BY September 8, 2004 Trust Fund Contribution. Added to Fees did not receive prior notice. Fee to file is \$150.00. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition □ Delete TITLE TITLE STAN, RICHARD H NAME NAME 272 S.W. 27AVE STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33312 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete WILL, DOROTHY A. NAME NAME STREET ADDRESS STREET ADDRESS 1229 MASSEY RD NEW SMYRNA FL 32168 CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE 🔲 Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

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 is ent with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: