


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90217 012 ***150.00

DOCUMENT # P02000055795
 1. Entity Name
FISHERMEN'S CONCEPTS, INC.



Principal Place of Business
**4373 MERCANTILE AVE
 NAPLES, FL 34104**

Mailing Address
**4373 MERCANTILE AVE
 NAPLES, FL 34104**

24069591



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04222004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number
73-1652209

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent
LAWRENCE, DAVID
~~5637 14 AVE SW~~
~~NAPLES, FL 34112~~
4376 15th Ave N.W.
Naples FL 34109

7. Name and Address of New Registered Agent
 Name **DAVID LAWRENCE**
 Street Address (P.O. Box Number is Not Applicable)
4376 15th Ave N.W.
 City **NAPLES** FL Zip Code **34119**

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: *David Lawrence* DATE: **4/29/04**

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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> Delete
NAME	LAWRENCE, ALESE	
STREET ADDRESS	4373 MERCANTILE AVE	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE	VDCE	<input type="checkbox"/> Delete
NAME	MONAHAN, C M	
STREET ADDRESS	3823 E TAMiami TR	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIFTON, FRED	
STREET ADDRESS	3823 E TAMiami TR STE586	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE	CEO P	<input type="checkbox"/> Delete
NAME	LAWRENCE DAVID	
STREET ADDRESS	4373 Mercantile Ave	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *David Lawrence* DATE: **4/29/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR