2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# P04000164899

Entity Name: BOHICA FISHING INC.

Current Principal Place of Business:

26 CYPRESS DR
PALM HARBOR, FL 34684

New Principal Place of Business:

Current Mailing Address:

26 CYPRESS DR
PALM HARBOR, FL 34684

New Mailing Address:

FEI Number: 20-1997226 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHMIDT, JOHN W III
26 CYPRESS DR
PALM HARBOR, FL 34684 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SCHMIDT, JOHN W III
Address: 26 CYPRESS DR
City-St-Zip: PALM HARBOR, FL 34684

Title: V ( ) Delete
Name: SCHMIDT, LISA L
Address: 26 CYPRESS DR
City-St-Zip: PALM HARBOR, FL 34684

Title: ST ( ) Delete
Name: CAMBURN, SYLVIA M
Address: 2265 SPRINGFLOWER DR
City-St-Zip: CLEARWATER, FL 33763

Title: D ( ) Delete
Name: CAMBURN, DAVID
Address: 2265 SPRINGFLOWER DR
City-St-Zip: CLEARWATER, FL 33763

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: JOHN W. SCHMIDT III PRES 04/30/2005

Electronic Signature of Signing Officer or Director Date