

2007 FOR PROFIT CORPORATION. ANNUAL REPORT (AR)

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90022 034 ***150.00

DOCUMENT # P97000044720

1. Entity Name

FIVE FISH, INC.



Principal Place of Business

844 DODECANESE BLVD
TARPON SPRINGS FL 34689

Mailing Address

844 DODECANESE BLVD
TARPON SPRINGS FL 34689

(moved)
New
address



2. Principal Place of Business - No P.O. Box #
735 DODECANESE BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit 1

City & State

City & State

Tarpon Springs, FL

Zip

Country

34689

FL

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-3459888

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COHEN, ROBERT F
2918 BUSCH LAKE BLVD
TAMPA FL 33614

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME GAUCHMAN, DAVID
STREET ADDRESS 844 DODECANESE BLVD
CITY-ST-ZIP TARPON SPRINGS FL 34689 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME GAUCHMAN, ANDREA
STREET ADDRESS 844 DODECANESE BLVD
CITY-ST-ZIP TARPON SPRINGS FL 34689 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 #

David Gauchman 2/22/07 727-455-8666