

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

01-08-2004 90051 035 ***150.00

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1. Entity Name
HUNTING, FISHING, INC.

Principal Place of Business 440 BRANDON BLVD EAST BRANDON, FL 33511	Mailing Address 440 BRANDON BLVD EAST BRANDON, FL 33511
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66400687



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01052004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
**BERGERON, LOUIS H
 12010 FRUITWOOD DR
 RIVERVIEW, FL 33569**

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

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 D	<input type="checkbox"/> Delete
NAME BERGERON, LOUIS H	
STREET ADDRESS 12010 FRUITWOOD DRIVE	
CITY-ST-ZIP RIVERVIEW, FL 33569	
TITLE VICE PRESIDENT	<input checked="" type="checkbox"/> Delete
NAME PREZIOSI, LOUIS	
STREET ADDRESS 727 LITHIA PINECREST ROAD	
CITY-ST-ZIP BRANDON, FL 33511	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LOUIS H. BERGERON	
STREET ADDRESS 3111 RED WOOD DR	
CITY-ST-ZIP VALRICO, FL 33511	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME VICE PRESIDENT	
STREET ADDRESS JAMES P. GUILFORD	
CITY-ST-ZIP 6801 PALM RIVER RD TAMPA, FL 33511	
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)(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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Louis H. Bergeron* **LOUIS H. BERGERON** 1/5/2004 813-571-9761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Print) Daytime Phone #