

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005842

Entity Name: CAMP FLORIDA FISH TALES, INC.

FILED
Jul 08, 2004
Secretary of State

Current Principal Place of Business:

3220 WILLIAMSBURG STREET
SARASOTA, FL 34231

New Principal Place of Business:

Current Mailing Address:

3220 WILLIAMSBURG STREET
SARASOTA, FL 34231

New Mailing Address:

FEI Number: 65-0954222

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EINWAG, MUFFET ELIOT
3220 WILLIAMSBURG STREET
SARASOTA, FL 34231 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CRANE, LYNETTE
Address: 817 CEDER CREST COURT
City-St-Zip: SARASOTA, FL 34232

Title: D () Delete
Name: PENNEY, LINDA E
Address: 6913 TEMA LANE
City-St-Zip: SARASOTA, FL 34231

Title: D () Delete
Name: FRYER, TRACY
Address: 293 HIDDEN BAY #201
City-St-Zip: OSPREY, FL 34229

Title: D () Delete
Name: ELIOT, JENNIFER
Address: 2407 BREAKWATER CIR
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: O (X) Change () Addition
Name: EINWAG, MUFFET
Address: 3220 WILLIAMSBURG STREET
City-St-Zip: SARASOTA, FL 34231

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MUFFET ELIOT EINWAG

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07/08/2004

Electronic Signature of Signing Officer or Director

Date