

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000096968

**Entity Name:** THE FISHERMAN'S WIFE 2, INC.

**Current Principal Place of Business:**

3348 MAHAN DRIVE  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

PO BOX 874  
CARRABELLE, FL 32323

**FEI Number:** 46-4294572

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LYCETT, PAM  
208 WEST 11TH STREET  
CARRABELLE, FL 32323 US

*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

**Officer/Director Detail :**

Title P  
Name LYCETT, PAM  
Address P.O.BOX 874  
City-State-Zip: CARRABELLE FL 32322

Title VP  
Name LYCETT, JAMES  
Address P.O.BOX 874  
City-State-Zip: CARRABELLE FL 32322

*I hereby 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 all other like empowered.*

**SIGNATURE:** PAM LYCETT

**PRESIDENT**

**04/20/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date