


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 309495</b>	
1. Entity Name <b>FISHERMAN'S WHARF OF CLEARWATER, INC.</b>	

Principal Place of Business <b>231 BAYSIDE DR CLEARWATER, FL 33767</b>	Mailing Address <b>231 BAYSIDE DR CLEARWATER, FL 33767</b>
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03132007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1148827</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>ISMAILI, QIBARET 1526 LANEY DRIVE PALM HARBOR, FL 34683</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TZEKOS, ADIL 231 BAYSIDE DRIVE CLEARWATER BEACH, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TZEKAS, IMER 231 BAYSIDE DR CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STP TZEKAS, RAIM 255 BAYSIDE DR CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TZEKAS, ENVER 235 BAYSIDE DR. CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TZEKAS, SEFAR 231 BAYSIDE DRIVE CLEARWATER BEACH, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/20/07-80071-021 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Imee Tzekas* 4/9/07 727-442-3722  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #