

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 479687**

1. Entity Name  
**FLORIDA FISHERMAN, INC.**



Principal Place of Business  
**150 JOHN'S PASS BOARDWALK  
MEDEIRA BEACH, FL 33708 US**

Mailing Address  
**150 JOHN'S PASS BOARDWALK  
MEDEIRA BEACH, FL 33708 US**



03062007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2886964**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**HUBBARD, MARK F  
931 79TH ST S  
SAINT PETERSBURG, FL 33707**

**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 \_\_\_\_\_

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**U000000668986  
03/27/07-80053-015 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	HUBBARD, MARK F
STREET ADDRESS	150 JOHNS PASS BOARDWALK
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

**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 reports 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

**MARK F. HUBBARD**

**3/16/07** **727 39319476x 418**  
Date Daytime Phone