2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jul 21, 2008 8:00 am Secretary of State

| DOCUMENT # 734205 1. Entity Name FISH OF ENGLEWOOD, INC. | | 07-2 | 07-21-2008 90028 022 ****70.00 | | | |
|---|---|---|--------------------------------|--|--------------------------------------|-------------------------|
| Principal Place of Business 1800 ENGLEWOOD RD #72 ENGLEWOOD, FL 34223 | Mailing Address 1800 ENGLEWOOD RD #72 ENGLEWOOD, FL 3422 | 800 ENGLEWOOD RD 72 . | | 01000 HUU 11884 1191 1884 | 919 | (3) |
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address | Mailing Address | | | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | hg-NP C | R2E037 (12/06) | |
| City & State | City & State | City & State | | 73 | | olied For Applicable |
| Zip Country | Zip | Country | 5. Certificate of Si | 5. Certificate of Status Desired S8.75 Additional Fee Required | | |
| 8. Name and Address of Current F | egistered Agent | | 7. Name and Add | iress of New Regis | tered Agent | |
| RAY, ELIZABETH A 1800 ENGLEWOOD RD #72 ENGLEWOOD, FL 34223 | dress (P.O. Box Number is | ess (P.OBox Number is Not Acceptable) | | | | |
| | | CIYO | 9LEWOOD | | FL 3453 | 24 |
| 8. The above named entity submits this statement for the obligations of registered agent. SIGNATURE Signature, typest or printed name of registered agent agent agent agent. | 1 TREASUR | ER Ca | | , Treas | 7-18- | |
| Filing Fee is \$61.25 Due by September 12, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. | | | check payable to Department of St | |
| 10. OFFICERS AND DIR | ECTORS | 11. | ADDITIONS/CHANG | ES TO OFFICERS A | AND DIRECTORS IN | 10 |
| NAME BAHN, WILLIAM W STREET ADDRESS 8276 PARKSIDE DR CHY-ST ZIP ENGLEWOOD, FL 34224 | ☐ Delete | TITEE NAME STREET ADDRESS CITY ST ZIP | | | ☐ Change | ☐ Addition |
| TITLE VPD NAME YOUNG, MARY JANE STREET ADDRESS 9445 CRUGAR TERRACE CITY-ST-ZIP ENGLEWOOD, FL 34223 | □ Deløte | THEC NAME STREET ADDRESS CITY ST ZIP | | | ☐ Change | noilibbA 🗌 |
| NAME KALLOP, J W STREET ADDRESS 1885 NEPTUNE DRIVE CITY-ST-ZIP ENGLEWOOD, FL 34223 | ☐ Delete | TITLE NAME STRLET ADDRESS CITY-ST ZIP | 1800 Englew Englewood | SENGLEWOOD RD #75 SLEWOOD, FL 34223 | | Addition |
| ITILL TD NAME RAY, ELIZABETH A STREET ADDRESS 1800 ENGLEWOOD ROAD #72 CITY-ST-ZIP ENGLEWOOD, FL 34223 | , Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | FINNIGAN, C | INIGAN CAROL DChange AND PENNSYLVANIA AVE. GLEWOOD, FL 34224 | | ☐ Addition |
| TITLE SD NAME STEVENS, VERNA STREET ADDRESS CITY ST-ZIP ENGLEWOOD, FL 34223 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-SE-ZIP | PLE | EASE | ☐ Change | Addition |
| ITILE VD NAME HARTMAN, ROBERT STREET ADDRESS CITY-SI-ZIP ENGLEWOOD, FL 34223 12. I hereby certify that the information supplied with | Delete | TITLE NAME STREET ADDRESS CITY ST-ZIP | ATT | SEE ACHO | | ☐ Addition |

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 617, 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: COLO FINITION NAME OF SIGNING OFFICER OR DIRECTOR

941-475-1736