

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 30, 2007 8:00 am**  
**Secretary of State**

01-30-2007 90011 007 \*\*\*150.00

**DOCUMENT # F04000001002**

1. Entity Name

FISH POVERTY INC.



Principal Place of Business

101 PIRATE'S LAIR RD  
ISLAMORADA FL 33036

Mailing Address

PO BOX 707  
ISLAMORADA FL 33036



2. Principal Place of Business - No P.O. Box #

CALUSA COVE MARINA

3. Mailing Address

Box 707

1st MOORE

CR2E034 (10/06)

Suite, Apt. #, etc.

Suite No. 5

Suite, Apt. #, etc.

City & State

ISLAMORADA, FLA.

City & State

ISLAMORADA, FLA

4. FEI Number

77-0619420

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEMS-RUBLE, DEBRA  
138 GULFVIEW DR.  
ISLAMORADA FL 33036

7. Name and Address of New Registered Agent

Name

SAME AS BEFORE

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

SAME

Signature, typed or printed name of registered agent and officer, applicable

(NOTE: Registered Agent signature required when registration)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LEMS, DEBRA	
STREET ADDRESS	101 PIRATE'S LAIR RD	
CITY- ST- ZIP	ISLAMORADA FL 33036	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KOSSMANN, DIETMAR	
STREET ADDRESS	101 PIRATE'S LAIR RD	
CITY- ST- ZIP	ISLAMORADA FL 33036	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

W. J. K. (Signature)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/07

Date

305 664 9256

Daytime Phone #