

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # G13212

1. Entity Name
THE FLYING FISHERMAN, INC.



Principal Place of Business

171 HOOD AVE
BAY 2
TAVERNIER, FL 33070

Mailing Address

P.O. BOX 545
ISLAMORADA, FL 33036 US

DO NOT WRITE IN THIS SPACE



04252005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2462417

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SHELDON, PAT
82670 OVERSEAS HWY
P.O. BOX 545
ISLAMORADA, FL 33036

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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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHELDON, PAT
STREET ADDRESS	82670 OVERSEAS HWY
CITY-ST-ZIP	ISLAMORADA, FL 33036
TITLE	VST
NAME	SHELDON, MELINDA
STREET ADDRESS	82670 OVERSEAS HWY
CITY-ST-ZIP	ISLAMORADA, FL 33036
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Melinda Sheldon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/05

Date

305-852-8989

Daytime Phone #