## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G66319

FILED Apr 28, 2004 Secretary of State

Entity Nan	ne: SHADY O	AKS FISH CAMP, INC.			
Current Pr	incipal Place	of Business:	New Principal Place o	New Principal Place of Business:	
	HEILMAN DY OAKD RD. .ES, FL 33898				
Current Ma	ailing Addres	s:	New Mailing Address:	New Mailing Address:	
C/O BEN HEILMAN 1800 SHADY OAKD RD. LAKE WALES, FL 33898			C/O BEN HEILMAN 1314 SHADY LANE LAKE WALES, FL 3389		
FEI Number:	59-2429557	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
LAKE WAL	OY OAKS ROA ES, FL 33853 named entity s	US	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Can	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PCT () HEILMAN, BEN, 1800 SHADY OA LAKE WALES, F		Title: ( Name: Address: City-St-Zip:	)Change ()Addition	
Title: Name: Address: City-St-Zip:	SVP () HEILMAN, LISA 1800 SHADY OA LAKE WALES, F		Title: ( Name: Address: Citv-St-Zip:	)Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA HEILMAN VP 04/28/2004