## 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# H20153

intity Name: WHITEY'S FISH CAMP INC

FILED Jan 28, 2008 Secretary of State

Entity Name: WHITEY	S FISH CAMP, INC.		
Current Principal Place	of Business:	New Principal Place of Business:	
2032 STATE ROAD 220 ORANGE PARK, FL 32073		2032 STATE ROAD 220 ORANGE PARK, FL 32003	
Current Mailing Address:		New Mailing Address:	
2032 STATE ROAD 220 ORANGE PARK, FL 32073		2032 STATE ROAD 220 ORANGE PARK, FL 32003	
FEI Number: 59-2444598	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:	
CASSALA, ELAINE 2032 CR 220 ORANGE PARK, FL 320	003 US		
The above named entity sin the State of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,
SIGNATURE:			
Electron	nic Signature of Registered Age	ent	Date

## **OFFICERS AND DIRECTORS:**

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

ORANGE PARK, FL 32003

Title: ( ) Delete Title: (X) Change ( ) Addition HAM, WILLIAM III HAM, WILLIAM III Name: Name: 2032 S R 220 Address: 2032 COUNTY ROAD 220 Address: City-St-Zip: ORANGE PARK, FL 32003 City-St-Zip: ORANGE PARK, FL 32003 Title: **VPTS** () Delete Title: **VPS** (X) Change ( ) Addition CASSALA, ELAINE CASSALA, ELAINE Name: Name: Address: 2032 CR 220 Address: 2032 COUNTY ROAD 220 ORANGE PARK, FL 32003 ORANGE PARK, FL 32003 City-St-Zip: City-St-Zip: Title: Title: ( ) Change (X) Addition ( ) Delete Name: Name: LAWLEY, LUCIAN D Address: Address: 2032 COUNTY ROAD 220

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

City-St-Zip:

SIGNATURE: WILLIAM L HAM III PD 01/28/2008