

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # J29326 1. Entity Name CHARLIE'S FISH HOUSE, INC.	
---	---

Principal Place of Business % CHARLES P. KOFMEHL 224 U.S. HIGHWAY 19 NORTH CRYSTAL RIVER, FL 34429 US	Mailing Address % CHARLES P. KOFMEHL 224 U.S. HIGHWAY 19 NORTH CRYSTAL RIVER, FL 34429 US
---	---

U00000484023
04/12/06-80022-011 150.00


DO NOT WRITE IN THIS SPACE

01172006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2706814 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent KOFMEHL, CHARLES P. 224 U.S. HIGHWAY 19 NORTH CRYSTAL RIVER, FL 34429

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO KOFMEHL, CHARLES P. WOODHAVEN LANE GREENWOOD CRYSTAL RIVER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOFMEHL, JAMES LADY BUG LANE GREENWOOD CRYSTAL RIVER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE: Charles P. Kofmehl **CHARLES P. KOFMEHL** 352-3-24-06-795-246.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #