

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 28, 2008 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



02212008 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

DO NOT WRITE IN THIS SPACE

## 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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U000000942358  
03/11/08-80025-025 150.00

## 10. OFFICERS AND DIRECTORS

TITLE PD  
NAME KOFMEHL, CHARLES P.  
STREET ADDRESS WOODHAVEN LANE GREENWOOD  
CITY - ST - ZIP CRYSTAL RIVER, FL

TITLE D  
NAME KOFMEHL, JAMES  
STREET ADDRESS LADY BUG LANE GREENWOOD  
CITY - ST - ZIP CRYSTAL RIVER, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Charles P. Kofmehl* CHARLES P. KOFMEHL 2-26-08 352-795-2468

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #