

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002875

FILED  
Mar 17, 2005  
Secretary of State

Entity Name: FISH FOR LIFE, INC.

**Current Principal Place of Business:**

1968 ACORN RUN WEST  
ORANGE PARK, FL 32073

**New Principal Place of Business:**

**Current Mailing Address:**

1968 ACORN RUN WEST  
ORANGE PARK, FL 32073

**New Mailing Address:**

FEI Number: 59-3658312

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JACOBS, ARTHUR I  
401 CENTRE STREET, SECOND FLOOR  
FERNANDINA BEACH, FL 32034 US

**Name and Address of New Registered Agent:**

JACOBS, ARTHUR I  
961687 GATEWAY BOULEVARD  
SUITE 201-I  
FERNANDINA BEACH, FL 32034 US

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.

SIGNATURE: ARTHUR I. JACOBS

03/17/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: SINGLETON, MARK  
Address: 1968 ACORN RUN WEST  
City-St-Zip: ORANGE PARK, FL 32073

Title: D ( ) Delete  
Name: DAVIS, TIMOTHY E  
Address: 1449 COVE LANDING DRIVE  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D ( ) Delete  
Name: CLARY, LEWIS J  
Address: PO BOX 16409  
City-St-Zip: JACKSONVILLE, FL 32245

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK SINGLETON

PSTD

03/17/2005

Electronic Signature of Signing Officer or Director

Date