2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19937

FILED Feb 25, 2005 Secretary of State

Entity Name: ST. PETER THE FISHERMAN, INC.

Current Principal Place of Business: New Principal Place of Business: 4220 SAXON DRIVE NEW SMYRNA BEACH, FL 32169 US **Current Mailing Address: New Mailing Address:** 4220 SAXON DRIVE NEW SMYRNA BEACH, FL 32169 US FEI Number: 59-2776493 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: SPENCER, JAMES S REV 826 23RD AVENUE NEW SMYRNA BEACH, FL 32169 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: SW () Delete () Change () Addition NORWOOD, ANN MS Name: Name: 400 SHOREWOOD LANE Address: Address: City-St-Zip: NEW SMYRNA BEACH, FL 32168 US City-St-Zip: Title: VM () Delete Title: (X) Change () Addition CHAMBERS, JUDY MRS Name: FAIRWEATHER, MARGE MS. Name: Address: 4407 SEA MIST DRIVE Address: 444 BOUCHELLE DRIVE #305 City-St-Zip: NEW SMYRNA BEACH, FL 32169 US City-St-Zip: NEW SMYRNA BEACH, FL 32169 US Title: () Delete Title: WL (X) Change () Addition WALTER, SOLMS L MR WALTER, SOLMS L MR Name: Name: 1207 MAGNOLIA STREET Address: Address: 1207 MAGNOLIA STREET City-St-Zip: NEW SMYRNA BEACH, FL 32168 US City-St-Zip: NEW SMYRNA BEACH, FL 32168 US () Change () Addition Title: VΜ () Delete Title: WEEDEN, RICHARD MR Name: Name: Address: 63 LAKE FAIRGREEN CIRCLE Address: City-St-Zip: NEW SMYRNA BEACH, FL 32168 US City-St-Zip: Title: () Delete Title: (X) Change () Addition PEARCE, MORLEY MR PEARCE, MORLEY MR Name: Name: 653 MIDDLEBURY LOOP 653 MIDDLEBURY LOOP Address: Address: NEW SMYRNA BEACH, FL 32168 US City-St-Zip: NEW SMYRNA BEACH, FL 32168 US City-St-Zip: Title: () Delete Title: () Change (X) Addition BURROWS, DONN MR. Name: Name: Address: Address: 682 ST. ANDREWS CIRCLE NEW SMYRNA BEACH, FL 32168 US City-St-Zip: 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: JAMES S SPENCER REV 02/25/2005