


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90234 002 ****70.00

DOCUMENT # N97000002962		
1. Entity Name F.I.S.H. OF DEL TURA, INC.		

Principal Place of Business 4435 SAN LUCIAN LANE NORTH FORT MYERS FL 33903	Mailing Address 4435 SAN LUCIAN LANE NORTH FORT MYERS FL 33903
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20043849



1st MOORE CR2E037 (10/04)

2. Principal Place of Business 18621 N. TAMiami TRAIL NW		3. Mailing Address 18621 N. TAMiami TRAIL NW	
Suite, Apt. #, etc.		Suite, Apt. #, etc. N. FT. MYERS	
City & State N. FT. MYERS FL		City & State FL	
Zip 33903	Country USA	Zip 33903	Country USA

4. FEI Number 65-0756897	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent CONLON, DIANNE 4435 SAB LUCIAN LANE NORTH FORT MYERS FL 33903		7. Name and Address of New Registered Agent Name LYNN EVERETT Street Address (P.O. Box Number is Not Acceptable) 505 CATALINA DRIVE City N. FT MYERS FL Zip Code 33903	
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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 *Lynn Everett* DATE 4-19-05
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONLON, DIANNE 4435 SNA LUCIAN LANE NORTH FORT MYERS FL 33903 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD. LYNN EVERETT 505 CATALINA DRIVE N. FT. MYERS FL 33903 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LAVINE, KENNETH J 6082 TIERRA ENTRADA NORTH FORT MYERS FL 33903 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DOROTHY JOHNSON 5500 SAN LUIS DR. N. FT. MYERS, FL 33903 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LORD, MARJORIE K 4012 AVENIDA DEL TURA NORTH FORT MYERS FL 33903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARRIS, ALICE 3930 SANTA CLARA LANE N. FT. MYERS FL 33903 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EDNA STACEY 1404 AVENIDA SIERRA N. FT. MYERS, FL 33903 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *Marjorie K. Lord* 4/1/05 (239) 543-9072
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #