


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**DOCUMENT # P0000060265**  
 1. Entity Name  
**A FISHING TALE INC.**




Principal Place of Business Mailing Address  
**1500 2ND STREET S. ST. PETERSBURG FL 33701** **1500 2ND STREET S. ST. PETERSBURG FL 33701**

2. Principal Place of Business **1500 2ND ST S. RESTAURANT**  
 Suite, Apt #, etc.  
 3. Mailing Address **Same**  
 Suite, Apt #, etc. **Same**

City & State **ST. PETE FL** City & State **Same**  
 Zip **33701** Country **Pinellas** Zip **Same** Country **Same**

**94008868**



MOORE CR2E034 (11/03)

4. FEI Number **59-3705861** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**WESNER, DANIEL**  
**8402 6TH ST N**  
**ST PETE FL 33702**

7. Name and Address of New Registered Agent  
 Name **DANIEL Wesner**  
 Street Address (P.O. Box Number is Not Acceptable) **8402 6th St N**  
 City **ST Pete FL** Zip Code **33702**

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 *Daniel R. Wesner* *Daniel R. Wesner* DATE **1-21-04**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	<b>WESNER, DANIEL R</b>	
STREET ADDRESS	<b>8402 6TH STREET S.</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33702</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>8402 6th St N. 33702</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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: *Daniel R. Wesner* *Daniel R. Wesner* DATE **1-21-04** **727 821 3474**