

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90067 010 ***150.00

DOCUMENT # P0000084623

1. Entity Name
THE FISH COLLECTOR, INC.



Principal Place of Business
4195 E PARSONS PT RD
LOT 13
HERNANDO, FL 34442

Mailing Address
4195 E PARSONS PT RD
LOT 13
HERNANDO, FL 34442

40111300-



2. Principal Place of Business - No P.O. Box #
6981 S. Aloysia Ave.
Suite, Apt. #, etc.

3. Mailing Address
6981 S. Aloysia Ave.
Suite, Apt. #, etc.

03292007 Chg-P CR2E034 (12/06)

City & State
Floral City FL
Zip 34436 Country

City & State
Floral City FL
Zip 34436 Country

4. FEI Number
59-3681057
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BECKNER, JR, ROGER E PRES
4195 E PARSONS PT RD
LOT 13
HERNANDO, FL 34442

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
6980 S. Aloysia Ave
City Floral City FL Zip Code 34436

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]

(NOTE: Registered Agent signature required when reinstating)

4/27/07

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BECKNER, ROGER E JR 4195 E PARSONS PT RD, LOT 13 HERNANDO, FL 34442	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Roger E. Beckner Jr 6981 S. Aloysia Ave. Floral City FL 34436	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice Pres. Roger E. Beckner III 6980 S. Aloysia Ave. Floral City FL 34436	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Sec./Treas. Jennifer Beckner 6980 S. Aloysia Ave Floral City FL 34436	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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

[Signature]

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/07

Date Daytime Phone #