

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000091177
 1. Entity Name
THE FISHIN' STORE, INC.



Principal Place of Business Mailing Address
248 N. CAUSEWAY **248 N. CAUSEWAY**
NEW SMYRNA BEACH, FL 32169 **NEW SMYRNA BEACH, FL 32169**



02032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-3673008 Not Applicable

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

6. Name and Address of Current Registered Agent
WILSON, JAY
248 NORTH CAUSEWAY
NEW SMYRNA BEACH, FL 32127

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SCHAAF, LUZ
STREET ADDRESS	248 N CAUSEWAY
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169
TITLE	S
NAME	WILSON, JAY
STREET ADDRESS	248 N CAUSEWAY
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169
TITLE	T
NAME	LARSON, SUSAN
STREET ADDRESS	248 N CAUSEWAY
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: JAY WILSON 4-28-04 386-427-4514
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #