
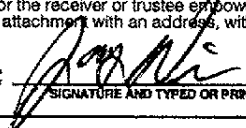


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P00000091177 1. Entity Name THE FISHIN' STORE, INC.		
Principal Place of Business 248 N. CAUSEWAY NEW SMYRNA BEACH, FL 32169		Mailing Address 248 N. CAUSEWAY NEW SMYRNA BEACH, FL 32169
DO NOT WRITE IN THIS SPACE		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHAAF, LUZ 248 N CAUSEWAY NEW SMYRNA BEACH, FL 32169	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILSON, JAY 248 N CAUSEWAY NEW SMYRNA BEACH, FL 32169	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LARSON, SUSAN 248 N CAUSEWAY NEW SMYRNA BEACH, FL 32169	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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:  JAY WILSON 4-28-04 386-427-4514 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



02032004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3673008	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U00000143778
04/30/04-80105-013 150.00

**DO NOT WRITE
IN THIS SPACE**