

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90339 043 ***150.00

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3673008	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILSON, JAY 248 NORTH CAUSEWAY NEW SMYRNA BEACH, FL 32127			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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)					
Signature, typed or printed name of registered agent and title if applicable					
DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE VP	NAME SCHAAF, LUZ		TITLE VP	NAME SCHAAF, LUZ	
STREET ADDRESS 967 SMOKERISE BLVD	CITY-ST-ZIP PORT ORANGE, FL 32127		STREET ADDRESS 248 N. CAUSEWAY	CITY-ST-ZIP NEW SMYRNA BCH, FL 32169	
TITLE S	NAME WILSON, JAY		TITLE 	NAME 	
STREET ADDRESS 248 N CAUSEWAY	CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE P	NAME SCHAAF, FRANK C		TITLE P	NAME SCHAAF, FRANK C	
STREET ADDRESS 967 SMOKERISE BLVD	CITY-ST-ZIP PORT ORANGE, FL 32127		STREET ADDRESS 248 N. CAUSEWAY	CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
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: <i>JAY WILSON</i>			4-25-06 386-427-4514		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		