2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000116483  1. Entity Name M & P FISHING, INC.						ii (	AMII: 18 C. STATE E. FLORIDA		
Principal Place of Business  1847 FLORIDA AVE PANAMA CITY, FL 32405  PANAMA CITY, FL 32405  Mailing Address  1847 FLORIDA AVE PANAMA CITY, FL 32405						[	20-4 90 		
2. Principal Place	e of Busin	ess	3. Mailing Address						
Suite, Apt. #, e	etc.		Suite, Apt. #, etc.			10292004	REIN-P	CR2E098 (6/04)	
City & State			City & State			4. FEI Numb 59-368	· <del>-</del>	<del></del>	pplied For ot Applicable
Zip	Country Zip Cou		Cour	ntry	. 5. Certificate	e of Status Desired _	□ \$8.75 Ad Fee Require		
Name and Address of Current Registered Agent					Name	7. Name and	d Address of New Re	gistered Agent	
HENNIGAN, I 1847 FLORID PANAMA CIT	DA AVE			Street /		s (P.O. Box Numb	per is Not Acceptable)		
					City			FL Zip Coo	et
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									
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00								th s. 607.193(2)(b), ot receive the prior	
10.	CTD	OFFICERS AND D		11.		ADDITIONS	/CHANGES TO OFFIC		
NAME HI STREET ADDRESS 18	NAME HENNIGAN, MICHAEL W STREET ADDRESS 1847 FLORIDA AVENUE SI CITY-ST-ZIP PANAMA CITY, FL 32405 CI							; Change	☐ Addition :
NAME G	VP GOSLIN, PATRICK PO BOX 28178 PANAMA CITY, FL 32411				e He Eet address (-St-Zip			Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP					E NE EET ADDRESS '-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP					E NE EET ADDRESS '-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	1	i			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Change	Addition
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #									



## Tipton,Marler,Garner&Chastain

The CPA Group

October 29, 2004

State of Florida Division of Corporations PO Box 6198 Tallahassee, FL 32314

RE: M&P\_FISHING, INC.

Dear Sir or Madam:

Please accept the enclosed 2004 forms for corporate annual report. In addition, please abate the penalties and late fees due to our client did not receive the original bill for the annual report that was mailed. Per a phone conversation with your office the prior letter sent to you on August 17, 2004 regarding this matter was not received but the payment of \$150 was.

Thank you so much for your consideration in this matter.

Very truly yours,

TIPTON, MARLER, GARNER & CHASTAIN

Darlene Hachmeister, CPA

TDH/dch = Enclosure -