


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90083 026 \*\*\*150.00

<b>DOCUMENT # P01000004948</b>	
1. Entity Name <b>FISH-HEADS INTERNATIONAL, INC.</b>	

Principal Place of Business <b>55 BAYMONT ST. CLEARWATER BEACH FL 33767</b>	Mailing Address <b>POST OFFICE BOX 3455 CLEARWATER BEACH FL 33767</b>
--	--

2. Principal Place of Business <b>620 BAYWAY BLVD.</b>	3. Mailing Address
Suite, Apt. #, etc. <b>#6</b>	Suite, Apt. #, etc.
City & State <b>CLEARWATER BEACH, FL</b>	City & State
Zip <b>33767</b>	Country <b>USA</b>



1st MOORE CR2E034 (10/04)

4. FEI Number <b>59-3689502</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>MCGEE, JOHN P PO BOX 3455 716 BAYWAY BLVD 3 CLEARWATER BEACH FL 33767</b>		
7. Name and Address of New Registered Agent Name <b>JOHN P. MCGEE</b> Street Address (P.O. Box Number is Not Acceptable) <b>620 BAYWAY BLVD. #6</b> <b>P.O. BOX 3455</b> City <b>CLEARWATER BEACH FL</b> Zip Code <b>33767</b>		

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCGEE, JOHN P</b> <b>716 BAYWAY BLVD #3</b> <b>CLEARWATER BEACH FL 33767</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>620 BAYWAY BLVD. #6</b> <b>CLEARWATER BEACH, FL 33767</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 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: **JOHN P. MCGEE** **JOHN P. MCGEE** **2-15-05 727-447-8680**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #