## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 23, 2004 8:00 am Secretary of State

	7,11,4							y or so	
DOCUMENT # P0100052017  1. Entity Name FLATS FISHERMEN, INC.					04-23-2004 90199 033 ***150.00				
Principal Place	of Business	Mailing Address						1406281	Q
1206 BOWER		1206 BOWER LANE		ļ			`	100001	U
THE VILLAGES		THE VILLAGES, FL 321	59 US	1					
									(60) (1 (86)
	ace of Business S. Hwv 25	3. Mailing Address PO BOX 69	כ			i Bairi ilbi: Baiii de		<u> </u>	
Suite, Apt.		Suite Ant # etc	<u> </u>						
Juite, Apr.	r, 610.	Odito, ript. II, cio.			03052004	Chg-P	C	R2E034 (10/03)	
City & State	<b>.</b>	City & State		_	4. FEI Numb	er		Ap	plied For
EAST	LAKE Weir FL	EAST LAKE	E WEIR	FL	59-372	25035		No	t Applicable
32/33	Country	Zip	Country		5 Certificate	of Status Desi	red [	1 <b>\$8.75</b> Add	
32/33	45#	32133	USA					Fee Require	d
	6. Name and Address of Current I	Registered Agent			7. Name and	Address of N	ew Regist	ered Agent	
CLULINAM	SCOTT		Name	Tet	ff zi	mmerm.	AN		
SULLIVAN, SCOTT 1206 BOWER LANE Street Addre					O. Box Numb	er is Not Accep S - Hw	otable)		
THE VILLA		/3	3750	<u>S. Hw</u>	y as	>			
			City	• • •	- 124	و سوز	20	FL Zip Cod	e
	named entity submits this statement for	Harris and the second second			- ZAK			00	133
	named entity submits this statement follows of registered agent.	the purpose of changing its	registered office or	registere	a agent, or oc	am, in the State	oi Fiorida.	i am iamiiar wiin,	and accept
Ţ,		1	Q			_	1.8.	01	
SIGNATURE_	Signature, typed or printed name of registered agent a	and take if applicable. (NOTE	: Registered Agent signatu	ure required w	when reinstation)		, 0,	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campai Trust Fund Contr			00 May Be d to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	/CHANGES TO	OFFICER	S AND DIRECTOR	S IN 11
TITLE	P	☐ Delete	TITLE	ST	4 7 im	nerman	<del>)</del>	Change	X Addition
NAME	THAYER, JOHN B		NAME	127	<del>-</del> Ω ς	nerman Hwy 25	-		
STREET ADDRESS	12106 SE 60TH AVE		STREET ADDRESS	10/	b.		61	27/27	
CITY-ST-ZIP	BELLEVIEW, FL 32240		CITY-ST-ZIP	EAS	LAKE	weir,	<u> </u>	32/33	
TITLE	VP	☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS	COMBS, WALLY 14925 SE 25TH AVENUE		NAME STREET ADDRESS						
CITY-ST-ZIP	SUMMERFIELD, FL 34491		CITY-ST-ZIP						
TITLE	ST	Delete	TITLE					Change	☐ Addition
NAME	SULLIVAN, SCOTT J	Delete	NAME					L_I onlingo	
STREET ADDRESS	1206 BOWER LANE		STREET ADDRESS						
CITY-ST-ZIP	THE VILLAGES, FL 32159		CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY - ST - ZIP	ļ					
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP	ļ					
TITLE		☐ Delete	TITLE	1				Change	Addition
NAME			NAME						
STREET ADDRESS CITY - ST - ZIP			STREET ADDRESS CITY-ST-ZIP						
		ALLE BULLET CONTROL OF THE CONTROL O		1	_ii 440 07/-	MO EL-2-2 O:			-for
12. I hereby indicated	certify that the information supplied with I on this report or supplemental report is	itnis tiling does not quality for strue and accurate and that r	r tne exemption sta ny signature shall h	ited in Sec have the s	cuon i 19.07(3 ame legal effe	ημ), Florida Stat act as if made μ	utes. I furti nder oath:	that I am an office	mormation r or director

SIGNATURE: \_