

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P01000085238

1. Entity Name

TEAM FISH INDUSTRIES OF AMERICA, INC.



FILED
Apr 27, 2005 08:00 AM
Secretary of State

Principal Place of Business

866 MARY'S PARK PL
WINTER GARDEN FL 34787

Mailing Address

866 MARY'S PARK PL
WINTER GARDEN FL 34787

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number
59-3744212

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, GRANT A
866 MARY'S PARK PL
WINTER GARDEN FL 34787

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

Vera Smith

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	SMITH, GRANT A	
STREET ADDRESS	2619 RANGELEY CT	
CITY - ST - ZIP	ORLANDO FL 32835	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SMITH, KENNETH A	
STREET ADDRESS	5957 CHESAPEAKE PARK	
CITY - ST - ZIP	ORLANDO FL 32819	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, MARY B	
STREET ADDRESS	2619 RANGELEY CT	
CITY - ST - ZIP	ORLANDO FL 32835	
TITLE	DST	<input type="checkbox"/> Delete
NAME	SMITH, VERA M	
STREET ADDRESS	5957 CHESAPEAKE PARK	
CITY - ST - ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/27/05-80029-021 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Vera M. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-05

Date

407-656-2434

Daytime Phone #