

2004 FOR PROFIT CORPORATION ANNUAL REPORT

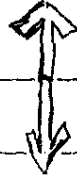
FILED
Aug 05, 2004 8:00 am
Secretary of State

08-05-2004 90005 039 ***150.00

DOCUMENT # P02000026886 1. Entity Name OFF THE HOOK FISHING, INC.			
Principal Place of Business 4300 NW 10TH TERRACE FT. LAUDERDALE, FL 33309		Mailing Address 4300 NW 10TH TERRACE FT. LAUDERDALE, FL 33309	
2. Principal Place of Business 2520 NE 19th Ave		3. Mailing Address 2520 NE 19th Ave	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Lighthouse Point FL		City & State Lighthouse Point FL	
Zip 33064		Zip 33064	
Country US		Country US	
4. FEI Number 75-3046226		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HENNING, JOHN W 4300 NW 10TH TERRACE FT. LAUDERDALE, FL 33309		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
2520 NE 19th Ave Lighthouse Point, FL 33064			
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 _____			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		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 D	NAME HENNING, JOHN W	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4300 NW 10TH TERRACE	2520 NE 19th Ave	CITY - ST - ZIP FT. LAUDERDALE, FL 33309	Lighthouse Point, FL 33064
TITLE 	NAME 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 		CITY - ST - ZIP 	
TITLE 	NAME 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 		CITY - ST - ZIP 	
TITLE 	NAME 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 		CITY - ST - ZIP 	
TITLE 	NAME 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 		CITY - ST - ZIP 	
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: <i>John W. Henning</i> JOHN W. HENNING		7/29/04	954-786-3020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

ATTACHMENT

#P026000026886
54067012



~~To Whom it concerns;~~

I recently changed my place of business & never received a notification for filing my annual report. I have made all of the correct address changes so there should not be any more problems. Thank you.

JOHN HENNING

* Attached is my \$150⁰⁰ check for my annual fee.