## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 18, 2005 8:00 am Secretary of State 04-18-2005 90548 014 \*\*\*150.00 DOCUMENT # P02000027773 DIRECTED SHARK FISHERIES INC. Principal Place of Business | NTERNATION Amailing Aggress 20035487 1045 WEST INTERNATILNAL SPEEDWAY BLVD. PO BOX 11604 DAYTONA BEACH, FL 32114-3432 DAYTONA BEACH, FL 32120-1604 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 04112005 Cha-P CB2E034 (10/03) City & State City & State Appliea For 4. FEI Number 03-0403979 Not Applicable Country. Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FOSTER, WM. M 555 WESTMORELAND RD. Street Address (P.O. Box Number is Not Acceptable) DAYTONA BEACH, FL 32114-2423 City Zip Coae FL 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. Lam familiar with, and accept Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Func Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Change ☐ Accition Delete HAME FOSTER, WM. M MAME STREET ADDRESS STREET ADDRESS 555 WESTMORELAND RD. CITY-ST-ZIP DAYTONA BEACH, FL 321142423 CITY-ST-ZiP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME HUDSON RUSSELL H MAM<sup>©</sup> STREET ADDRESS 1045 W. INTERNATIONAL SPEEDWAY BLVD. STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 321143432 CITY-ST-ZIP 3 A YNDRA TITLE Defete Tritle ☐ Change ☐ Addition NAME HUDSON, SANUNDRA MAME 1045 W. INTERNATIONAL SPEEDWAY BLVD. STREET ADDRESS STREET ADDRESS DAYTONA BEACH, FL 321143432 CITY-ST-ZIP CHY-ST-ZP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE Delete Change Addition MAME **EMAKE** STREET ADDRESS STREET ADDRESS CTY-ST-AP City-St-72 TITLE Change Addition Delete THE F NAME NAME STREET ADDRESS STREET ADDRESS C:TY-ST-7/2 CITY-ST-ZIP 12. Thereby certify that the information supplied with this fitting 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

**FILED** 

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