

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90304 007 ***150.00

DOCUMENT # P02000062567

1. Entity Name

THE FISHING SHOW, INC.



Principal Place of Business

512 CRYSTAL GROVE BLVD.
LUTZ FL 33548

Mailing Address

512 CRYSTAL GROVE BLVD.
LUTZ FL 33548



2. Principal Place of Business

11907 TIMBERHILL DR.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

RIVERVIEW FL.

City & State

4. FEI Number

04-3678508

Applied For

Not Applicable

Zip

33569

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GILKISON, BRADLEY
512 CRYSTAL GROVE BLVD.
LUTZ FL 33548

7. Name and Address of New Registered Agent

Name

MICHAEL ANDERSON

Street Address (P.O. Box Number is Not Acceptable)

11907 TIMBERHILL DR.

City

RIVERVIEW

FL

Zip Code

33569

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

Michael Anderson

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 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 PD
NAME GILKISON, BRADLEY
STREET ADDRESS 512 CRYSTAL LAKE BLVD.
CITY-ST-ZIP LUTZ FL 33548 ☐ Delete

TITLE SD
NAME ANDERSON, MICHAEL
STREET ADDRESS 11907 TIMBERHILL DR.
CITY-ST-ZIP RIVERVIEW FL 33569 ☐ Delete

TITLE TD
NAME NOBLES, BILLY JR
STREET ADDRESS 13017 PRESTWICK DR.
CITY-ST-ZIP RIVERVIEW FL 33569 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Michael Anderson

6 APR 2006

Date

Daytime Phone #