
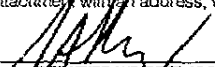


FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000063113 1. Entity Name FLORIDA FISHING HEADQUARTERS, INC.				Mar 17, 2004 08:00 AM Secretary of State	
Principal Place of Business 81955 OLD HIGHWAY ISLAMORADA, FL 33036		Mailing Address P O BOX 646 ISLAMORADA, FL 33036			
DO NOT WRITE IN THIS SPACE				2/ -- / F &	
				01262004 No Chg-P CR2E034 (10/03)	
				4. FEI Number 65-0821533	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MURRAY, STEPHEN R 81955 OLD HIGHWAY ISLAMORADA, FL 33036				DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		03/17/04-80030-016 150.00	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D MURRAY, STEPHEN R 81955 OLD HIGHWAY ISLAMORADA, FL 33036			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		P MURRAY, RICHARD A 118 SOUTH DR ISLAMORADA, FL 33036			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D WALCZAK, ROBERT 118 SOUTH DR ISLAMORADA, FL 33036			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME 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: 		Stephen Murray		3-15-04 (305) 664-3322	