2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

**SIGNATURE:** 

## Apr 22, 2004 8:00 am Secretary of State **DOCUMENT # P02000069410** 1. Entity Name 04-22-2004 90053 011 \*\*\*150.00 ON THE HOOK, INC. Principal Place of Business Mailing Address 1731 INDIAN RIVER DR. 1731 INDIAN RIVER DR. 24050740 SEBASTIAN FL 32958 SEBASTIAN FL 32958 Principal Place of Business MOORE CR2E034 (11/03) Applied For 4. FEI Number City & State 32-0019278 Not Applicable \$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 FINANCIAL FOUNDATIONS, INC. 3150 SANDY RIDGE DR **CLEARWATER FL 33761** 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 pregistered gent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name ed agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Addition TITLE ☐ Delete NAME FITZPATRICK, CYNTHIA NAME STREET ADDRESS 1731 INDIAN RIVER DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SEBASTIAN FL 32958 ☐ Delete TITLE Change ☐ Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 t 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 attachagent with an address, with all other like empowered. changed, or on an attachment wi

AME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED