


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000079562 1. Entity Name FISHERMAN'S CHOICE, INC.		
Principal Place of Business 330 HIGHWAY 98 EASTPOINT, FL 32328	Mailing Address POST OFFICE BOX 274 EASTPOINT, FL 32328	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PENNYCUFF, CHARLES 330 HIGHWAY 98 EASTPOINT, FL 32328		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, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		000000611470 02/02/07-80064-025 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PENNYCUFF, CHARLES R 314 TALLAHASSEE ST. EASTPOINT, FL 32328	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PENNYCUFF, REX C 55 DUNLOP RD. EASTPOINT, FL 32328	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>C. Rex Pennykuff</u> C. Rex Pennykuff		1-24-07 850-670-8808
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>