

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 24, 2004 8:00 am**  
**Secretary of State**

05-24-2004 90007 019 \*\*\*150.00

**DOCUMENT # P02000096638**

1. Entity Name  
**FISH ON!, INC.**



Principal Place of Business  
**3618 E. CLARK CIRCLE  
TAMPA, FL 33629**

Mailing Address  
**4337 LILDAY LN  
LAND O LAKES, FL 34639**

**14022706**



2. Principal Place of Business

3. Mailing Address

**4337 Libby Ln**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05142004

Chg-P

CR2E034 (10/03)

City & State

City & State

**Land O Lakes FL**

4. FEI Number

**56-2295832**

Applied For

Not Applicable

Zip

Country

Zip

**34639**

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LUTES, PAMELA D ESQ.  
4337 LILDAY LN  
LAND O LAKES, FL 34639**

**4337 Libby Ln**

Name

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

City

**FL**

Zip Code

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

*Pamela D. Lutes*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**5-19-04**

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **WALKER, DAVID C**  
CITY-ST-ZIP **3618 E. CLARK CIRCLE 4337 Libby Ln  
TAMPA, FL 33629 Land O' Lakes FL 34639**

TITLE ☐ Delete  
NAME **STD**  
STREET ADDRESS **LUTES WALKER, PAMELA**  
CITY-ST-ZIP **3618 E. CLARK CIRCLE 4337 Libby Ln  
TAMPA, FL 33629 Land O' Lakes FL 34639**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

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

TITLE ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**5-19-04 8139967710**



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

May 14, 2004

KUENZEL & LUTES, P.A.  
CENTRAL PASCO PROFESSIONAL CENTER  
4111 LAND O' LAKES BLVD, STE 302D  
LAND O LAKES, FL 34639

SUBJECT: FISH ON!, INC.  
Ref. Number: P02000096638

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.

Please return the corrected documents to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Gary Blankenbaker  
Document Specialist

Letter Number: 604A00033735

*Attachment*  
**DIVISION of Corporations**

14022706

**Receipt**

Your data entry is complete. This is your receipt page. Please print and retain this page for your records.

Document Number: **P02000096638**

Tracking Number: **600034646786**

The charge for your Annual Report is  
**\$150.00**

If you want to review your document, use the browser back button to return to page 1 of the data entry. Use the browser forward button to come back to this page.

If you need to make a change, you must return to the Document Number page and start over. A new tracking number will be assigned.

If you have any questions, please contact our help desk at (850) 245-6939.

To proceed to pay for the Annual Report, press the CONTINUE button below.

By pressing the CONTINUE button, your Annual Report will be placed in processing and no additional Annual Reports may be filed for this corporation until this one is processed.

Continue

---

**Sunbiz Home Page**

**Public Access Help**

Please Note that although I Filed electronically,  
when it was time to pay, my computer went offline  
and I was unable to sign back on + pay. I am  
therefore mailing my annual report fee.

Please call @ 813-610-0956 if this  
poses any problems.

Sincerely,

*Tenele Lutes*