

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91283 007 ***150.00

DOCUMENT # P02000103204

1. Entity Name

J. F. FISH & CRITTERS, INC.



Principal Place of Business

21127 NW 252ND ST
OKEECHOBEE FL 34972

Mailing Address

21127 NW 252ND ST
OKEECHOBEE FL 34972

34042944



MOORE

CR2E034 (11/03)

2. Principal Place of Business

21127 NW 254 ST

3. Mailing Address

21127 NW 254 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Okeechobee FL

City & State

Okeechobee FL

Zip

34972

Country

Zip

34972

Country

4. FEI Number

56-2295906

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATTERSON, BOND & LATSHAW, P.A.
3010 SOUTH THIRD ST.
JACKSONVILLE BCH FL 32250

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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 ☐ Delete
NAME FINGER, JEFFREY A
STREET ADDRESS P. O. BOX 480308
CITY-ST-ZIP DELRAY BCH FL 33448

TITLE VD ☐ Delete
NAME HAUBLE, STEVEN J
STREET ADDRESS P. O. BOX 480308
CITY-ST-ZIP DELRAY BCH FL 33448

TITLE SD ☐ Delete
NAME PACKARD, SARAH
STREET ADDRESS P. O. BOX 480308
CITY-ST-ZIP DELRAY BCH FL 33448

TITLE TD ☐ Delete
NAME SCHNELL, ALVIN L
STREET ADDRESS P. O. BOX 480308
CITY-ST-ZIP DELRAY BCH FL 33448

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD. Jeffrey Finger ☒ Change ☐ Addition
NAME
STREET ADDRESS 21127 NW 254th St
CITY-ST-ZIP Okeechobee FLA 34972

TITLE VD. Steve Hauble ☒ Change ☐ Addition
NAME
STREET ADDRESS "Same"
CITY-ST-ZIP

TITLE SD. Sarah Packard ☒ Change ☐ Addition
NAME
STREET ADDRESS "Same"
CITY-ST-ZIP

TITLE TD Alvin Schnell ☒ Change ☐ Addition
NAME
STREET ADDRESS 3055 Riveria Drive
CITY-ST-ZIP Del Ray Bch FLA 33445

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 1:19.07(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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 21 04

Date

863 467 7859

Daytime Phone #