2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000103204

SCHNELL, ALVIN L

3055 RIVERIA DRIVE

DELRAY BEACH, FL 33445

Name:

Address:

City-St-Zip:

Entity Name: J. F. FISH & CRITTERS, INC.

FILED Apr 29, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 21127 NW 254ND ST OKEECHOBEE, FL 34972 **Current Mailing Address: New Mailing Address:** 21127 NW 254TH ST OKEECHOBEE, FL 34972 FEI Number: 56-2295906 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HAUBLE, STEVEN J SWIFT, WILLIAM N 21127 NW 254 TH ST. 901 MARTIN DOWNS BLVD OKEECHOBEE, FL 32250 US 207 PALM CITY, FL 34990 US 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. SIGNATURE: /S/ WILLIAM N. SWIFT 04/29/2008 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition FINGER, JEFFREY A Name: Name: 21127 NW 254 FROST Address: Address: City-St-Zip: OKEECHOBEE, FL 34972 City-St-Zip: VD Title: Title: () Delete (X) Change () Addition SCHNELL, ALVIN Name: HAUBLE, STEVEN J Name: 21127 NW 254TH STREET 3055 RIVERIA DRIVE Address: Address: DELRAY BEACH, FL 333445 City-St-Zip: OKEECHOBEE, FL 34972 City-St-Zip: Title: SD () Delete Title: () Change () Addition PACKARD, SARAH Name: Name: 21127 NW 254TH STREET Address: Address: City-St-Zip: OKEECHOBEE, FL 34972 City-St-Zip: Title: TD (X) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: /S/ ALVIN SCHNELL TD 04/29/2008