


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000123583</b>		
1. Entity Name DAWGHOUSE FISHCAMP, INC.		
Principal Place of Business 122-3 BISHOP-TOLBERT ROAD SANTA ROSA BEACH, FL 32459 US		Mailing Address 2380 LINGER LONGER LANE STARKVILLE, MS 39759 US
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  LAW OFFICES OF LAMAR A. CONERLY, P.A. 4481 LEGENDARY DRIVE SUITE 200 DESTIN, FL 32550		
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> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DELIVORIAS, MARY HELLEN 2380 LINGER LONGER LANE STARKVILLE, MS 39759	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC BELL, WILLIAM 122-3 BISHOP-TOLBERT ROAD SANTA ROSA BEACH, FL 32459	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE 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 19.07(3)(f), 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>MARY HELLEN DELIVORIAS</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 51-0445293	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

U00000124358  
04/22/04-80042-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

4-17-04 662-324-0152  
Date Daytime Phone #