


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 19, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P02000125433 |  |
| 1. Entity Name FISH HAWK FEED & PET SUPPLY, INC. | |

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| Principal Place of Business 7015 LITHIA PINECREST RD LITHIA, FL 33547 | Mailing Address 7015 LITHIA PINECREST RD LITHIA, FL 33547 |
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07012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 06-1665622 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent WALLY, MICHAEL A 7015 LITHIA PINECREST RD LITHIA, FL 33547 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

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| FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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. |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P WALLY, MICHAEL 7015 LITHIA PINE CREST LITHIA, FL 33547 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP WALLY, MARGARET 7015 LITHIA PINE CREST RD. LITHIA, FL 33547 |
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| <p>110000018883 07/19/04-80002-013 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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.

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|---|----------------------|-------------------------------------|
| SIGNATURE: <u>Michael Wally</u> | <u>Michael Wally</u> | <u>813-684-0832</u> |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> |