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Mar 26, 2008 8:00 am
Secretary of State
03-26-2008 90020 031 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000012498

1. Entity Name
J J FISHOOK ~~DISTRIBUTORS~~ INC.

400310 ...

03062008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
~~1345 MAIN STREET~~ ~~SUITE 5~~ SARASOTA FL ~~34236~~	~~P.O. BOX 49633~~ ~~SARASOTA, FL 34230-6633~~
2. Principal Place of Business - No P.O. Box #: 5300 Ocean Blvd	3. Mailing Address: Sarasota
Suite, Apt. #, etc.: #704	Suite, Apt. #, etc.: Atty. Clint Johnson
City & State: Sarasota	City & State: Fl.
Zip: 34242 Country: Sarasota	Zip: 34242 Country: Sarasota

4. FEI Number 65-1169359 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARDI, LES CPA
7061 S TAMIAMI TRAIL
SARASOTA, FL 34231-5559

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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, CLINTON E PO BOX 49833 SARASOTA, FL 34230	☐ Delete	President Clinton E Johnson 5300 Ocean Blvd., #704 Sarasota, Fl.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAMES, JOSEPH R PO BOX 49833 SARASOTA, FL 34230	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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] 3-12-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #