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2008 MAR 26 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000012498

1. Entity Name
J J FISHOOK INC.

Principal Place of Business	Mailing Address
1345 MAIN STREET SUITE F SARASOTA, FL 34236	P. O. BOX 49633 SARASOTA, FL 34230-6633

04282008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5300 Ocean Blvd	5300 Ocean Blvd
Suite, Apt. #, etc.: 704	Suite, Apt. #, etc.: 704
City & State: Sarasota FL	City & State: Sarasota FL
Zip: 34242 Country: USA	Zip: 34242 Country: USA

4. FEI Number: 65-1166359 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GARDI, LES CPA 7061 S TAMIAMI TRAIL SARASOTA, FL 34231-5569	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 49633~~ ~~SARASOTA, FL 34230~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 5300 Ocean Blvd Sarasota FL 34242
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAMES, JOSEPH R PO BOX 49633 SARASOTA, FL 34230	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 03/26/08 90020 031 $50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #