

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 13, 2004 8:00 am
Secretary of State

05-13-2004 90006 029 ***150.00

DOCUMENT # P03000012963

1. Entity Name

FANN-TASTIC FISHING, INC.



Principal Place of Business

920 E. DEL MONTE AVE
CLEWISTON FL 33440

Mailing Address

920 E. DEL MONTE AVE
CLEWISTON FL 33440

2. Principal Place of Business

1706 John Rd

3. Mailing Address

1706 John Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clewiston, FL

City & State

Clewiston, FL

Zip

33440

Country

US

Zip

33440

Country

US

4. FEI Number

04-3740978

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FANN, BRENDA K
920 E. DEL MONTE AVE
CLEWISTON FL 33440

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1706 John Rd

City

Clewiston

FL

Zip Code

33440

8. The above named entity or person 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 *Brenda K. Fann*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/28/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME FANN, MARK W
STREET ADDRESS 920 E. DEL MONTE AVE
CITY-ST-ZIP CLEWISTON FL 33440

TITLE VP ☐ Delete
NAME FANN, BRENDA K
STREET ADDRESS 920 E. DEL MONTE AVE
CITY-ST-ZIP CLEWISTON FL 33440

TITLE S ☐ Delete
NAME FANN, BRENDA K
STREET ADDRESS 920 E. DEL MONTE AVE
CITY-ST-ZIP CLEWISTON FL 33440

TITLE T ☐ Delete
NAME FANN, MARK W
STREET ADDRESS 920 E. DEL MONTE AVE
CITY-ST-ZIP CLEWISTON FL 33440

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME Mark W. Fann
STREET ADDRESS 1706 John Rd
CITY-ST-ZIP Clewiston, FL 33440

TITLE VP ☒ Change ☐ Addition
NAME Brenda K. Fann
STREET ADDRESS 1706 John Rd
CITY-ST-ZIP Clewiston, FL 33440

TITLE S ☒ Change ☐ Addition
NAME Brenda K. Fann
STREET ADDRESS 1706 John Rd
CITY-ST-ZIP Clewiston, FL 33440

TITLE T ☒ Change ☐ Addition
NAME MARK W. FANN
STREET ADDRESS 1706 John Rd
CITY-ST-ZIP Clewiston, FL 33440

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 119.07(3)(i), 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

4/28/04

Date

863-805-0619

Daytime Phone #