

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90441 017 ***150.00

DOCUMENT # P03000028217 1. Entity Name SAILFISH ENTERPRISES, INC.																																			
Principal Place of Business 15026 MADEIRA WAY MADEIRA BEACH, FL 33708		Mailing Address 10043 119TH WAY SEMINOLE, FL 33772																																	
2. Principal Place of Business 526 14th Ave, NE <small>Suite, Apt. #, etc.</small>		3. Mailing Address 526 14th Ave, N.E. <small>Suite, Apt. #, etc.</small>																																	
City & State St. Petersburg FL Zip Country 33701 US		City & State St. Petersburg FL Zip Country 33701 US																																	
4. FEI Number 76-0726453		Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent KANTNER, RICHARD I JR. 2106 DEKLE AVENUE TAMPA, FL 33606		7. Name and Address of New Registered Agent Name RICHARD I. KANTNER, JR. Street Address (P.O. Box Number is Not Acceptable) 526 14th Ave., N.E. City St. Petersburg FL Zip Code 33701																																	
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 <u><i>Richard I. Kantner</i></u> DATE 4-23-04 <small>Signature, typed or printed name of registered agent and title (applicable). (NOTE: Registered Agent signature required when reinstating)</small>																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Sharon M. Kantner 526 14th Ave., NE St. Petersburg, FL 33701 </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Sharon M. Kantner 526 14th Ave., NE St. Petersburg, FL 33701														
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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)(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: <u><i>Sharon M. Kantner</i></u> Pres. 4/23/04 813-376-8467 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																			