

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

03-02-2004 90033 008 ***150.00

DOCUMENT # P03000034104

1. Entity Name

FLYFISH, INC.



Principal Place of Business

5911 S.W. 195TH TERR.
FT. LAUDERDALE FL 33332

Mailing Address

5911 S.W. 195TH TERR.
FT. LAUDERDALE FL 33332

66412622



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

020685889

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

FILINGS, INC.
3732 N.W. 16TH ST.
FT. LAUDERDALE FL 33311

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 re-registering)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD
NAME BROWN, CHRISTIAN C
STREET ADDRESS 5911 S.W. 195TH TERR.
CITY-ST-ZIP FT. LAUDERDALE FL 33332

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VTD
NAME BROWN, SUSAN K
STREET ADDRESS 5911 S.W. 195TH TERR.
CITY-ST-ZIP FT. LAUDERDALE FL 33332

TITLE
NAME
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CITY-ST-ZIP

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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:

Susan K. Brown 2/26/04 954 4348564

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



604/2622

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

March 4, 2004

FLYEFISH, INC.
5911 S.W. 195TH TERR.
FT. LAUDERDALE, FL 33332

I am currently in Caribbean working on private yacht. Just received my mail package on 4/12. I realize this needed to be back to you by 4/4. Nothing I could do about it. Thank you.

Jusau Brown

Subject: FLYEFISH, INC.

Reference Number: P03000034104

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JF
ANNUAL REPORTS SECTION

*FEI#
020685889*