

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90124 020 \*\*\*150.00

DOCUMENT # P03000037129

1. Entity Name  
FAMILY FISHING, INC.



Principal Place of Business  
590 TAMIMAI TRAIL SUITE ONE  
PORT CHARLOTTE, FL 33953

Mailing Address  
590 TAMIMAI TRAIL SUITE ONE  
PORT CHARLOTTE, FL 33953

24043501



2. Principal Place of Business  
983 Liberty St  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 71  
Suite, Apt. #, etc.

01222004 Chg-P CR2E034 (10/03)

City & State  
Englewood, FL  
Zip 34223 Country USA

City & State  
Englewood, FL  
Zip 34295 Country USA

4. FEI Number 56-2355677  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

DAVIDS, H. VERNON  
590 TAMIMAI TRAIL SUITE ONE  
PORT CHARLOTTE, FL 33953

7. Name and Address of New Registered Agent

Name Carolyn J. Spradlin  
Street Address (P.O. Box Number is Not Acceptable)  
2821 Placida Rd.  
City Englewood FL Zip Code 34224

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

*Carolyn J. Spradlin*

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE President/Secretary  
NAME Joshua A. Baggett  
STREET ADDRESS 983 Liberty St.  
CITY-ST-ZIP Englewood, FL 34223 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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 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:

*Joshua A. Baggett*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/04  
Date

Daytime Phone #