


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-16-2004 90022 044 ***150.00

DOCUMENT # P03000038377	
1. Entity Name SOMETHING'S FISHY, INC.	

Principal Place of Business 4741 PAPAYA PARK DESTIN, FL 32541	Mailing Address 4741 PAPAYA PARK DESTIN, FL 32541
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54033957

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04132004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent	
HOLM, MALLORY G C/O LEBOEUF, LAMB, GREENE & MACRAE, LLP 50 NORTH LAURA STREET STE 2800 JACKSONVILLE, FL 32202	

4. FEI Number 54-2108242		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
7. Name and Address of New Registered Agent		
Name MALLORY GAYLE HOLM, P.A.		
Street Address (P.O. Box Number is Not Acceptable) 4315 PABLO OAKS COURT		
City JACKSONVILLE	FL	Zip Code 32224

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 <i>By: Mallory Gayle Holm, P.A. President</i>	DATE 4/14/04

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPENI, MICHAEL E JR 4741 PAPAYA PARK DESTIN, FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Gene Speni</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 4-13-04 Daytime Phone # 813-282-1225 X 1141