

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/4/04

**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

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
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
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: *Gen Spni*

Gene Spni

4-13-04

813-282-1225
Daytime Phone # X 1141

04-16-2004 90022 044 ***150.00

54033957



04132004 Chg-P CR2E034 (10/03)

4. FEI Number
54-2108242 Applied For
 Not Applicable

5. Certificate of Status Desired \$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