

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2004 8:00 am
Secretary of State

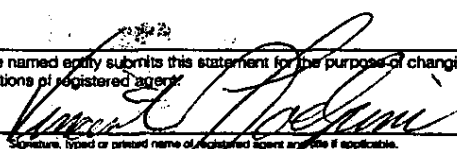
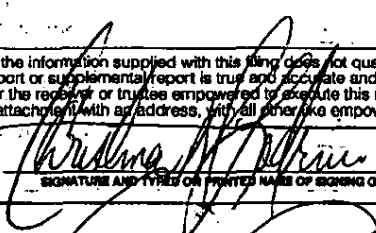
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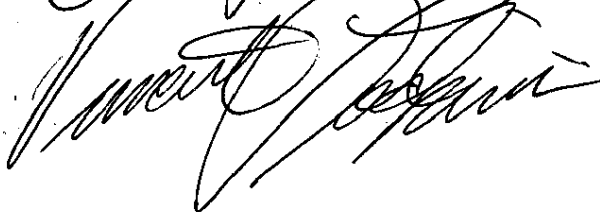
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DOCUMENT # P03000043496					
1. Entity Name FISH FIGURE AQUARIUM SPECIALIST, INC.					
Principal Place of Business 2862 GULF TO BAY BLVD. CLEARWATER, FL 33759			Mailing Address 2862 GULF TO BAY BLVD. CLEARWATER, FL 33759		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.:			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 04-3750794	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LODRINI, CHRISTINA M 2862 GULF TO BAY BLVD. CLEARWATER, FL 33759				7. Name and Address of New Registered Agent 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 				DATE 7-25-04	
NOTE: Registered Agent signature required when renaming.					
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	D ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	LODRINI, VINCENT S	NAME			
STREET ADDRESS	6301 144TH AVE. NORTH	STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER, FL 33760	CITY-ST-ZIP			
TITLE	D ☒ Delete	TITLE	☐ Change ☐ Addition		
NAME	LODRINI, CHRISTINA M	NAME			
STREET ADDRESS	6301 144TH AVE. NORTH	STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER, FL 33760	CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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 registered agent 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: 				Date 7/25/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 721-723-8804	



7/25/04