

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90343 040 ***150.00

DOCUMENT # P03000049128

1. Entity Name

THE FISHERMAN'S CORNER, INC.



Principal Place of Business

13486 PERDIDO KEY DRIVE
PENSACOLA FL 32507

Mailing Address

13486 PERDIDO KEY DRIVE
PENSACOLA FL 32507



2. Principal Place of Business

5640 Bob-O-Link Rd.

Suite, Apt. #, etc.

3. Mailing Address

5640 Bob-O-Link Rd.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

Pensacola, Florida

City & State

Pensacola, Florida

4. FEI Number

86-1062821

Applied For

Not Applicable

Zip

32507

Country

USA

Zip

32507

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEWIS, TERRANCE A
13486 PERDIDO KEY DRIVE
PENSACOLA FL 32507

7. Name and Address of New Registered Agent

Name

Lewis, Terrance A.

Street Address (P.O. Box Number is Not Acceptable)

5640 Bob-O-Link Rd.

City

Pensacola

FL

Zip Code

32507

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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

TITLE DP ☐ Delete
NAME LEWIS, LEOLA M
STREET ADDRESS 5640 BOB-O-LINK RD
CITY-ST-ZIP PENSACOLA FL 32507

TITLE V ☐ Delete
NAME LEWIS, TERRANCE A
STREET ADDRESS 5640 BOB-O-LINK RD
CITY-ST-ZIP PENSACOLA FL 32507

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Terrance A. Lewis

4/15/2005

850 492-5106

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #