2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Principal Place of Business 4032 41ST AVENUE NORTH 5T. PETERSURFS T. 33714  2. Principal Place of Business Suite, Act #, rels:  Suite,	DOCUMENT # <b>P03000071201</b> 1. Entity Name							Apr 22, 2005 08:00 AM Secretary of State				
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St. PETERSBURG FL 33714  2. Principal Place of Business  Sullo, April M. etc.  Sullo, Ap	,				*			-				-
Sulto, April #, etc												194ww4 to 1mm
City & State  City & State  City & State  City & State  Country  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi	2. Principal Place of Business				3. Mailing Address							
Security   Zip   Country   Zip   Country   Security   Securities of Status Desired   Securities	Suite, Apt. #, etc			Suite, Apt #, etc.				1:	st MOORE	CR2E034	(10/04)	
6. Name and Address of Current Registered Agent  CUL HANE, MICHAEL E 4032 41ST AVENUE NORTH ST. PETERSBURG FL 33714  City  FL  Zip Code  6. The above named enthy submits this statement for the purpose of changing its registered agent, or both, in the Statu of Florida. I am familiar with, and accept the obligations of registered agent.  SigNATURE  FILE NOW!!! FEE IS \$150.00  Make Check Payable to Floridad Department of Statu  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE STD  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  INTEL MANA  OUL HANE, MICHAEL E  STD  OUL HANE, MICHAEL E  ON ST PETERSBURG FL 33714  Delete  INTEL  OUL HANE, MICHAEL E  OUL HANE, MICHA	City & State			City & State				4. FEI Numb	56-237262	4		
CILHANE, MICHAELE 4032 41ST AVENUE NORTH ST. PETERSBURG FL 33714  8. The above named enthy submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and acceptable the citigations of registered agent.  SIGNATURE  FILE NOW!! FEE S 150.00  After May 1, 2005 Fee Will Be \$55.00  Make Cheek Payable to Florida Department of State  10.	Zip		Country	Zip	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Coun	itry	5. Certificat	e of Status Desired			
A032 41ST AVENUE NORTH ST. PETERSBURG FL 33714    City   FL   Zip Code	6. Name and Address of Current				Registered Agent		Name	7. Name an	d Address of New F	Registered A	gent	
ST. PETERSBURG FL 33714  City FL Zip Code  8. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Rorida. I am familiar with, and excent the obligations of registered agent.  SIGNATURE  SUBJECT OF ST. PETERSBURG FL 33714  TOTAL PSTD  ONAMA  CITY ST. PETERSBURG FL 33714  TOTAL PSTD  ONAMA  SIRET ANDRESS  CITY ST. PETERSBURG FL 33714  TOTAL PSTD  ONAMA  SIRET ANDRESS  CITY ST. PETERSBURG FL 33714  TOTAL PSTD  ONAMA  SIRET ANDRESS  CITY ST. PETERSBURG FL 33714  TOTAL PSTD  ONAMA  SIRET ANDRESS  CITY ST. PETERSBURG FL 33714  TOTAL PSTD  ONAMA  SIRET ANDRESS  CITY ST. PETERSBURG FL 33714  TOTAL PSTD  ONAMA  SIRET ANDRESS  CITY ST. PETERSBURG FL 33714  TOTAL PSTD  ONAMA  SIRET ANDRESS  CITY ST. PETERSBURG FL 33714  TOTAL PSTD  ONAMA  SIRET ANDRESS  CITY ST. PETERSBURG FL 33714  TOTAL PSTD  ONAMA  SIRET ANDRESS  CITY ST. PETERSBURG FL 33714  TOTAL PSTD  ONAMA  SIRET ANDRESS  CITY ST. PETERSBURG FL 344  TOTAL PSTD  ONAMA  SIRET ANDRESS  CITY ST. PETERSBURG FL 344  TOTAL PSTD  ONAMA  SIRET ANDRESS  CITY ST. PETERSBURG FL 344  TOTAL PSTD  ONAMA  SIRET ANDRESS  CITY ST. PETERSBURG FL 344  TOTAL PSTD  ONAMA  SIRET ANDRESS  CITY ST. PETERSBURG FL 344  TOTAL PSTD  ONAMA  SIRET ANDRESS  CIT	CUL 403	HANE, N	MICHAEL E AVENUE NORTH				Street Address (	(P.O. Box Numi	ber is Not Acceptable	e)		iii asyr w
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Statu of Florida. I am familiar with, and accept the obligations of registered agent.  SignATURE    Supplies of control of present remain of registered agent.   (ICCE Repossed Agent signal an increased when nametates)   (ICCE Repossed Agent signal and increased when nametates)   (ICCE Repossed Agent s												<del>.</del>
the obligations of registered agent.  SIGNATURE    Signature, brade preted name of registered segent endus it another (INCRE Registered Apent signature increased when seminated)   DATE							City			FL	Zip Cod	e
FILE NOW!! FEE IS \$15.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III  INTE  PSTD  OULHANDE, MICHAEL E  OULHA				or the pur	cose of changing it	s register	ed office or register	red agent, or b	oth, in the State of Flo	orida. I am f	amiliar with,	and accept
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee Will Be \$550.00  Make Check Payable to Florida Department of State  10.	SIGNATURE	Signatura, typed	or printed name of registered agent	and title if ap	plicable (NOT	TE Registere	d Agent signature required	d when reinstating)	<u> </u>	DATE		<u> </u>
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTE. PSTD	After	May 1, 200	05 Fee Will Be \$550.00									
NAME STREET ADDRESS CITY-ST-ZIP  INTE    Delete		······································		-		••		ADDITIONS	CHANGES TO OFF	ICERS AND		
Interest	NAME STREET ADDRESS	CULHANE 4032 41ST	AVENUE NORTH		☐ Delete	NAMI STRE	E FT ADDRESS		00000032 04/22/05-80	:2354 009-023		☐ Addition
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NAME  CIRH I ANDRESS  CITY ST ZPP  ITILE  INAME  STREET ADDRESS  CITY ST ZPP  Delete  TITE  NAME  STREET ADDRESS  CITY ST ZPP  CITY ST ZPP  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 changed, or on an attachment with an address, with all other like empowered.	TITLE NAME STREET ADDRESS			***	☐ Delete	TITLE NAME SIRE	FT ADDRESS				Change	Addition
NAME STREET ADDRESS CITY ST 7/P  1. Thereby 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 changed, or on an attachment with an address, with all other like empowered.	MAME CIREFI ADDRESS				□ Delete	NAME STREE	TI ADDRESS				Change	Addition
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytons Phone #	indicated of the cor changed	on this repo poration or t , or on an atta	nt or supplemental report is the receiver or trustee empor achment with an address, to	true and owered to with all of	accurate and that i execute this report her like empowered	my signat as requir	ure shall have the : red by Chapter 607	same legal effe	ct as if made under ces, and that my name	oath; that I a e appears in	m an officer Block 10 or	or director Block 11 if

**FILED**