

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90009 027 ***550.00

DOCUMENT # P03000117390

1. Entity Name
MISS MILWAUKEE II FISHING COMPANY



Principal Place of Business
1266 S. PINELLAS AVENUE
TARPON SPRINGS, FL 34689

Mailing Address

1266 S. PINELLAS AVENUE
TARPON SPRINGS, FL 34689

44049874



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

07082004

Chg-P

CR2E034 (10/03)

4. FEI Number

06-1710781

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOSEPH, JUSTIN G ESQ.
1266 S. PINELLAS AVENUE
TARPON SPRINGS, FL 34689

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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

P
GEORGIU, STEVE
1266 S. PINELLAS AVENUE
TARPON SPRINGS, FL 34689

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
GEORGIU, GEORGE
1266 S. PINELLAS AVENUE
TARPON SPRINGS, FL 34689

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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

ST
GEORGIU, FLORA
1266 S. PINELLAS AVENUE
TARPON SPRINGS, FL 34689

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CITY-ST-ZIP

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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: *Flora Georgiou* Sec. Treas.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FLORA GEORGIU

7/22/04

Date

727-937-5678

Daytime Phone #