

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000117390

Entity Name
MISS MILWAUKEE II FISHING COMPANY



Principal Place of Business
104 CHESAPEAKE DRIVE
TARPON SPRINGS, FL 34689

Mailing Address
P.O. BOX 272
TARPON SPRINGS, FL 34688



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1710781

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000397536
01/30/06-80052-024 150.00

OFFICERS AND DIRECTORS

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

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

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

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IN THIS SPACE**

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *George S. Juan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #