

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90046 046 ***150.00

DOCUMENT # P04000000759

1. Entity Name
FISHIN' IMPOSSIBLE, INC.



Principal Place of Business

4994 RIVERSIDE DR
ESTERO, FL 33928

Mailing Address

4994 RIVERSIDE DR
ESTERO, FL 33928

64063000

2. Principal Place of Business

4884 Riverside Dr

3. Mailing Address

4884 Riverside Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03112004

Chg-P

CR2E034 (10/03)

4. FEI Number

200670231

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ECKMAN, STEVEN C
4994 RIVERSIDE DR
ESTERO, FL 33928

7. Name and Address of New Registered Agent

Name **Eckman Steven C**

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

4884 Riverside Dr

City **Estero**

FL

Zip Code

33928

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

Steven C Eckman

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/11/04

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

TITLE **PST**
NAME **ECKMAN, STEVEN C**
STREET ADDRESS **4994 RIVERSIDE DR**
CITY-ST-ZIP **ESTERO, FL 33928**

☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST**
NAME **Eckman, Steven C**
STREET ADDRESS **4884 Riverside Dr**
CITY-ST-ZIP **Estero FL 33928**

☒ Change ☐ Addition

TITLE
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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:

Steven C Eckman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/11/04