


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90054 011 ***150.00

DOCUMENT # P04000009227					
1. Entity Name THE FISHERMEN'S DEN, INC.					
Principal Place of Business 9245 102ND CT VERO BEACH, FL 32967			Mailing Address 9245 102ND CT VERO BEACH, FL 32967		
2. Principal Place of Business 807 Indian River Dr.		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Sebastian FL		City & State		4. FEI Number 20-0616029	
Zip 32958		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARKLEY, RAVINA M 9245 102ND CT VERO BEACH, FL 32967			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D	NAME BARKLEY, RAVINA M		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 9245 102ND CT	CITY-ST-ZIP VERO BEACH, FL 32967				
TITLE P	NAME BARKLEY, RAVINA M		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
STREET ADDRESS 9245 102nd Ct	CITY-ST-ZIP VERO BEACH FL 32967				
TITLE VP	NAME BARKLEY, MICHAEL L.		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
STREET ADDRESS 9245 102nd Ct	CITY-ST-ZIP VERO BEACH FL 32967				
TITLE 	NAME 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 	CITY-ST-ZIP 				
TITLE 	NAME 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 	CITY-ST-ZIP 				
TITLE 	NAME 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Ravina Michelle Barkley</i> 772-581-9110					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					