


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2006 8:00 am**  
**Secretary of State**

07-14-2006 90026 015 \*\*\*150.00

<b>DOCUMENT # P04000169253</b> 1. Entity Name <b>REEL FISH DISTRIBUTION INCORPORATED</b>					
Principal Place of Business <b>3355-4 COPTER RD PENSACOLA, FL 32514</b>			Mailing Address <b>1170 BAYVIEW LANE GULF BREEZE, FL 32563</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>3355-4 Copter Rd</b> Suite, Apt. #, etc.			
City & State Zip      Country		City & State <b>Pensacola, FL</b> Zip      Country <b>32563      Escambia</b>		4. FEI Number <b>20-1667203</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				07112006      Chg-P      CR2E034 (11/05)	
6. Name and Address of Current Registered Agent  <b>HERMANN, MARGARET J 1170 BAYVIEW LANE GULF BREEZE, FL 32563</b>			7. Name and Address of New Registered Agent Name <b>John Popa</b> Street Address (P.O. Box Number is Not Acceptable) <b>9725 W. Hwy 98 #9</b> City <b>Pensacola</b> <b>FL</b> Zip Code <b>32506</b>		
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 <u><i>Karen L Blyth</i></u> <u><i>Karen L. Blyth</i></u> <u><i>7-11-06</i></u> <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HERMANN, MARGARET J</b> <b>1170 BAYVIEW LANE</b> <b>GULF BREEZE, FL 32563</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO</b> <b>BLYTH, KAREN L</b> <b>4527 E. GATEWOOD RD.</b> <b>PHOENIX, AZ 85050</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4718 E. Cactus Rd #188</b> <b>Phoenix, AZ 85032</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>HERMANN, GARY P</b> <b>1170 BAYVIEW LANE</b> <b>GULF BREEZE, FL 32563</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>PHELPS, DAVID H</b> <b>4527 E. GATEWOOD RD</b> <b>PHOENIX, AZ 85050</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4718 E. Cactus Rd. #188</b> <b>Phoenix, AZ 85032</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>POPA, JOHN J</b> <b>9725 W. HWY 98 #9</b> <b>PENSACOLA, FL 32506</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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: <u><i>Karen L Blyth</i></u> <u><i>Karen L. Blyth</i></u> <u><i>7-11-06</i></u> <u><i>480</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u><i>348 9548</i></u> <small>Date      Daytime Phone #</small>			