

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000082678

Entity Name: FISHTALES RV RESORT, INC.

FILED  
Apr 27, 2007  
Secretary of State

## Current Principal Place of Business:

26015 MCPHERSON LANE  
ASTOR, FL 32102

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 233  
ASTOR, FL 32102

## New Mailing Address:

303-B ANASTASIA BLVD  
SUITE 160  
SAINT AUGUSTINE, FL 32080

FEI Number: 31-0844671

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FISHTALES RESORT  
26015 MCPHERSON LANE  
ASTOR, FL, FL 32102 US

## Name and Address of New Registered Agent:

ELLIOT N. MINTZER  
303-B ANASTASIA BLVD  
SUITE 160  
SAINT AUGUSTINE, FL 32080 US

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.

SIGNATURE: ELLIOT N. MINTZER

04/27/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: MINTZER, ELLIOT N  
Address: PO BOX 233  
City-St-Zip: ASTOR, FL 32102

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: MINTZER, ELLIOT N  
Address: 303-B ANASTASIA BLVD, SUITE 160  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VP ( ) Change (X) Addition  
Name: MINTZER, JENNIFER A  
Address: 303-B ANASTASIA BLVD, SUITE 160  
City-St-Zip: SAINT AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELLIOT N. MINTZER/OWNER/PRESIDENT

PSTD

04/27/2007

Electronic Signature of Signing Officer or Director

Date