2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000133019

1. Entity Name
SAILFISH SFC, INC.

Principal Place of Business	Mailing Address
5501 34TH STREET N ST. PETERSBURG, FL 33714	5501 34TH STREET N ST. PETERSBURG, FL 33714

DO NOT WRITE IN THIS SPACE

01082008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-3619257	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BONNELL, RAYMOND A
5501 34TH STREET N
ST. PETERSBURG, FL 33714

DO NOT WRITE IN THIS SPACE

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 _____
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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U00000838249
03/05/08-80021-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BONNELL, RAYMOND A
STREET ADDRESS	9422 SUN ISLE DR
CITY-ST-ZIP	ST. PETERSBURG, FL 33702
TITLE	VP
NAME	MYERS, EUGENE
STREET ADDRESS	9251 98TH AVENUE N
CITY-ST-ZIP	SEMINOLE, FL 33777
TITLE	SEC
NAME	COULOMBE, MARTIN
STREET ADDRESS	5010 MYRTLE LANE
CITY-ST-ZIP	ST PETERSBURG, FL 33708
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _Ray Bonnell_   2-18-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #