

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2007 8:00 am
Secretary of State

04-20-2007 90092 039 ***150.00

DOCUMENT # P06000075104					
1. Entity Name THE FISH-TAILS NETWORK, INC.					
Principal Place of Business 3737 SAINT JOHNS BLUFF ROAD SOUTH #502 JACKSONVILLE, FL 32224 US			Mailing Address 3737 SAINT JOHNS BLUFF ROAD SOUTH #502 JACKSONVILLE, FL 32224 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 16-1762606	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KILLINGER, J. GRAY 3737 SAINT JOHNS BLUFF ROAD SOUTH #502 JACKSONVILLE, FL 32224				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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PRES	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KILLINGER, J. GRAY		NAME		
STREET ADDRESS	3737 SAINT JOHNS BLUFF ROAD SOUTH, #502		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32224		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KILLINGER, J. GRAY		NAME		
STREET ADDRESS	3737 SAINT JOHNS BLUFF ROAD SOUTH, #502		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32224		CITY-ST-ZIP		
TITLE	SEC	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KILLINGER, J. GRAY		NAME		
STREET ADDRESS	3737 SAINT JOHNS BLUFF ROAD SOUTH, #502		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32224		CITY-ST-ZIP		
TITLE	TRES	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KILLINGER, J. GRAY		NAME		
STREET ADDRESS	3737 SAINT JOHNS BLUFF ROAD SOUTH, #502		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32224		CITY-ST-ZIP		
TITLE	DIR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KILLINGER, J. GRAY		NAME		
STREET ADDRESS	3737 SAINT JOHNS BLUFF ROAD SOUTH, #502		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32224		CITY-ST-ZIP		
TITLE	DIR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SUMMERLIN, MARK		NAME		
STREET ADDRESS	4411 TITLEIST DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034		CITY-ST-ZIP		
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:  J. Gray Killinger			Date: 4/9/07 (904) 565-8506		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		