

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000083517

FILED
Apr 28, 2009
Secretary of State

Entity Name: FRESH FISH OUTFITTERS, INC.

Current Principal Place of Business:

1522 DEGAMA AVENUE
PANAMA CITY, FL 32405 US

New Principal Place of Business:

Current Mailing Address:

1522 DEGAMA AVENUE
PANAMA CITY, FL 32405 US

New Mailing Address:

FEI Number: 80-0255633 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRICKLAND, DANIEL E
106 S. COVE BLVD.
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STRICKLAND, DANIEL E
Address: 106 S. COVE BLVD
City-St-Zip: PANAMA CITY, FL 32401

Title: VP () Delete
Name: WILLIAMS, DAVID
Address: 904 ILLINOIS AVENUE
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: T () Delete
Name: STRICKLAND, DALLAS E
Address: 3125 W 22ND STREET
City-St-Zip: PANAMA CITY, FL 32045 US

Title: S () Delete
Name: WILLIAMS, DONNA
Address: 904 ILLINOIS AVENUE
City-St-Zip: LYNN HAVEN, FL 32444 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DANIEL E STRICKLAND

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date