

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000000141

1. Entity Name

F & B FISHING, INC.



Principal Place of Business

1340 NW 20 AVE
CRYSTAL RIVER FL 34428

Mailing Address

1340 NW 20 AVE
CRYSTAL RIVER FL 34428



2. Principal Place of Business - No P.O. Box #
1340 N.W. 20TH AV.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

CRYSTAL RIVER, FL.

SAME

4. FEI Number

59-3286438

Applied For

Not Applicable

Zip

Country

Zip

Country

34428

USA

"

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

STANDARD, BARBARA E
1340 NW 20 AVE
CRYSTAL RIVER FL 34428

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 state if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May-1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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
NAME
STREET ADDRESS
CITY - ST - ZIP
VTD
STANDARD, BARBARA E
1340 NW 20 AVE
CRYSTAL RIVER FL 34428 ☐ Delete

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition
U000000804963
02/05/08-80090-008 158.75

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STANDARD, SCOTT S
1340 NW 20 AVE
CRYSTAL RIVER FL 34428 ☐ Delete

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **Barbara Standard** **BARBARA STANDARD** **1-28-08 352 795-3757**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone