

ANNUAL REPORT**DOCUMENT # P95000000251**1. Entity Name
PHILLIPPI CREEK FISHERY, INC.**FILED**
Jan 27, 2006 08:00 AM
Secretary of StatePrincipal Place of Business
5353 SOUTH TAMiami TRAIL
SARASOTA, FL 34231Mailing Address
5353 SOUTH TAMiami TRAIL
SARASOTA, FL 34231

01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0561558	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered AgentLAPATO, JOHN E
5353 SOUTH TAMiami TRAIL
SARASOTA, FL 34231**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, 2006 Fee will be \$550.00**9.** Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees1100000403109
02/03/06-80035-002 150.00**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	LAPATO, JOHN ("JACK") E
STREET ADDRESS	3865 TROPICARE BLVD
CITY-ST-ZIP	NORTH PORT, FL 34286

TITLE	D
NAME	LAPATO, JEAN A
STREET ADDRESS	3865 TROPICARE BLVD
CITY-ST-ZIP	NORTH PORT, FL 34286

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:** _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-19-06 (941) 925-5999