

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000056887	
1. Entity Name FISHCUTTER MARINE, INC.	
Principal Place of Business 11669 81ST AVENUE NORTH SEMINOLE, FL 33772-4035	Mailing Address 11669 81ST AVENUE NORTH SEMINOLE, FL 33772-4035



FILED
04 JUL -2 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06272004 No Chg-P CR2E034 (10/03)

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4. FEI Number 59-3327600	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

NACHMAN, BARBARA N
11669 81ST AVENUE NORTH
SEMINOLE, FL 33772

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NACHMAN, LEONARD K 11669 81ST AVENUE NORTH SEMINOLE, FL 337724035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NACHMAN, BARBARA N 11669 81ST AVENUE NORTH SEMINOLE, FL 337724035
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

6/30/04

Date

Daytime Phone #