

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90069 045 ***150.00

DOCUMENT # P96000041631

1. Entity Name
G.A. FISH, INC.



Principal Place of Business
2021 EAST AVENUE
PANAMA CITY, FL 32405

Mailing Address
2021 EAST AVENUE
PANAMA CITY, FL 32405

DO NOT WRITE IN THIS SPACE



05012006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3621545

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITTON, JEFFREY P
565 HARRISON AVENUE
PANAMA CITY, FL 32401

**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 Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
D
ABRAMS, GREG
STREET ADDRESS
2021 EAST AVENUE
CITY-ST-ZIP
PANAMA CITY, FL 32405

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 #

5-1-06 850 769 4658