2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Feb 12, 2004 8:00 am DOCUMENT # P97000062102 **Secretary of State** 1. Entity Name 02-12-2004 90023 018 \*\*\*150.00 TYLER TROPICAL FISH, INC. Principal Place of Business Mailing Address 34600 WASHINGTON LOOP ROAD PUNTA GORDA FL 33982 34600 WASHINGTON LOOP ROAD PUNTA GORDA FL 33982 3. Mailing Address 2. Principal Place of Business Same Dome Suite, Apt. #, etc. Suite, Apt. #, etc MOORE CR2E034 (11/03) 4. FEI Number Applied For City & State City & State 65-0768763 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address-of New Registered Agent 6. Name and Address of Current Registered Agent COLEMAN, H. ROBERT Street Address (P.O. Box Number is Not Acceptable) 34740 WASHINGTON LOOP ROAD PUNTA GORDA FL 33892-9715 34600 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 registeled agent FILE NOW!!! FEE IS \$ 100.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change Addition RONALD A GULAU NAME NAME STREET ADDRESS 5241 BLACKJACK CIRCLE STREET ADDRESS PUNTA GORDA FL 33982 CiTY-ST-ZIP CITY-ST-7IP VPST TITLE ☐ Delete TITLE Change ☐ Addition H ROBERT COLEMAN NAME NAME 34740 WASHINGTON LOOP RD STREET ADDRESS STREET ADDRESS PUNTA GORDA FL 33982 CITY-ST-7IP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

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