

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90058 003 ***150.00

DOCUMENT # P98000000115					
1. Entity Name FLORIDAYS FISHING, INC.					
Principal Place of Business 380 OTTER BLVD NEW SMYRNA BEACH, FL 32168			Mailing Address P.O. BOX 1474 NEW SMYRNA BEACH, FL 32170		
2. Principal Place of Business 2585 Glencoe Farms Rd Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1474 Suite, Apt. #, etc.			
City & State New Smyrna Bch, FL		City & State New Smyrna Bch FL		4. FEI Number 59-3490179	
Zip 32168		Country		Zip 32170	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUDLEY, JOSEPH P ESQUIRE 403 DOWNING STREET NEW SMYRNA BEACH, FL 32168			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PTD HAKALA, MICHAEL W 380 OTTER BLVD NEW SMYRNA BEACH, FL 32168		<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HAKALA, GINGER M 380 OTTER BLVD NEW SMYRNA BEACH, FL 32168		<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2585 Glencoe Farms Rd New Smyrna Bch, FL 32168
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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: <u>Ginger M Hakala</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/9/05 386-428-8530 Date Daytime Phone #		