

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000052196

1. Entity Name
MISTER FISH, INC.



Principal Place of Business
6700 S. FLORIDA AVENUE, SUITE 1
LAKELAND, FL 33813

Mailing Address
P.O. BOX 7220
LAKELAND, FL 33807

FILED
Apr 25, 2005 08:00 AM
Secretary of State



02152005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3577431 Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

ELLSWORTH, SUZANNE M
6700 S. FLORIDA AVE., SUITE #1
LAKELAND, FL 33813

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, 2005 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
STREET ADDRESS
CITY-ST-ZIP
PTD
ELLSWORTH, SUZANNE M
6700 S. FLORIDA AVE., SUITE #1
LAKELAND, FL 33813

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
BADCOCK, MICHELLE E
6700 S. FLORIDA AVE., SUITE #1
LAKELAND, FL 33813

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

**DO NOT WRITE
IN THIS SPACE**

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04/25/05-80112-007 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Suzanne M. Ellsworth*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/05 863647-5T
Date Daytime Phone #

SUZANNE M. ELLSWORTH