


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2006 8:00 am
Secretary of State


04-25-2006 90101 027 ***150.00

DOCUMENT # P98000052196 1. Entity Name MISTER FISH, INC.	
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Principal Place of Business 6700 S. FLORIDA AVENUE, SUITE 1 LAKELAND, FL 33813	Mailing Address P.O. BOX 7220 LAKELAND, FL 33807
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DO NOT WRITE IN THIS SPACE

40061412



02202006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3577431	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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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	
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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: *Suzanne M. Ellsworth*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #