2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Jan 25, 2005 8:00 am Secretary of State DOCUMENT # P98000056357 1. Entity Name 01-25-2005 90034 021 ***150 00 HOWARD'S FISHING EXCURSIONS, INC. Principal Place of Business Mailing Address LOT 552 HEATH AVE P. O. BOX 297 40005694 SUWANNEE FL 32692 SUWANNEE FL 32692 2. Principal Place of Business 3. Mailing Address 94.5E 908 AUR Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-3212124 Suuannee Not Applicable Zìp Country \$8.75 Additional 5. Certificate of Status Desired 32692 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HoustRd HAMILTON, HOWARD H Street Address (P.O. Box Number is Not Acceptable) LOT 552 HEATH AVE. 94 SE 908 AVE SUWANNEE FL 32692 Zip Code 32692 LUWANNER 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 DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 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 TITLE ☐ Detete TITLE Addition -Change HAMILTON, HOWARD 94 SE 908 AVR HAMILTON, HOWARD NAME NAME STREET ADDRESS LOT 552 HEATH AVE STREET ADDRESS SUWANNER FL 32692 CITY-ST-ZIP SUWANNEE FL 32692 CITY-ST-ZIP TITLE ☐ Defete TITLE -Change ☐ Addition HAMILTON, T. JOYCE NAME HAMILTON, T. JOYCE NAME 945E 908 AUR STREET ADDRESS LOT 552 HEATH AVE STREET ADDRESS SUWANNEE FL 32692 CITY-ST-ZIP CITY-ST-ZIP SUWANNER FL 32692 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Defete Change ☐ Addition THUE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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

FILED