

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000065952

Entity Name: ADDICTIVE FISHING, INC.

FILED  
May 06, 2005  
Secretary of State

## Current Principal Place of Business:

225 MAIN STREET  
D  
SAFETY HARBOR, FL 34695 US

## New Principal Place of Business:

5 HARBORWOODS DRIVE  
SAFETY HARBOR, FL 34695 US

## Current Mailing Address:

225 MAIN STREET  
D  
SAFETY HARBOR, FL 34695 US

## New Mailing Address:

PO BOX 96  
SAFETY HARBOR, FL 346950096 US

FEI Number: 59-3631668

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MCCABE, KEVIN L  
225 MAIN ST  
STUDIO D  
SAFETY HARBOR, FL 34695 US

## Name and Address of New Registered Agent:

MCCABE, KEVIN L  
5 HARBORWOODS DRIVE  
SAFETY HARBOR, FL 34695 US

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.

SIGNATURE: KEVIN L. MCCABE

05/06/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MCCABE, KEVIN L  
Address: 225 MAIN ST STUDIO D  
City-St-Zip: SAFETY HARBOR, FL 32695

Title: VD ( ) Delete  
Name: WIGGINS, BLAIR  
Address: 5990 GILSON AVE  
City-St-Zip: COCOA, FL 32927

Title: S ( ) Delete  
Name: WIGGINS, CARI L  
Address: 5990 GILSON AVE  
City-St-Zip: COCOA, FL 32927

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: MCCABE, KEVIN L  
Address: 5 HARBORWOODS DRIVE  
City-St-Zip: SAFETY HARBOR, FL 32695

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARI L. WIGGINS

S

05/06/2005

Electronic Signature of Signing Officer or Director

Date