

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000104930

FILED
Jul 10, 2004
Secretary of State

Entity Name: FISHING VENTURES, INC.

Current Principal Place of Business:

24280 S. TAMIAMI TRAIL
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

24280 S. TAMIAMI TRAIL
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number: 59-3558193 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, WILLIAM R
8191 COLLEGE PARKWAY
SUITE 204
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

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: _____

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: KNIGHT, STEVEN C
Address: 24280 S. TAMIAMI TRAIL
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VD () Delete
Name: ASHCRAFT, PATRICK A
Address: 24280 S. TAMIAMI TRAIL
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VD () Delete
Name: WOODS, DEREK
Address: 24280 S. TAMIAMI TRAIL
City-St-Zip: BONITA SPRINGS, FL 34134

Title: TD () Delete
Name: GLINT, PETER
Address: 24280 S. TAMIAMI TRAIL
City-St-Zip: BONITA SPRINGS, FL 34134

Title: SD () Delete
Name: KNIGHT, JEFFRY D
Address: 24280 S. TAMIAMI TRAIL
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: STEEVEN KNIGHT

PD

07/10/2004

Electronic Signature of Signing Officer or Director

_____ Date