2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 29, 2004 8:00 am Secretary of State DOCUMENT # P99000013398 4-29-2004 90325 011 ***150.00 FISH MONGER OF THE KEYS, INC. Principal Place of Business Mailing Address 14013741 4590 OVERSEAS HIGHWAY 4590 OVERSEAS HIGHWAY MARATHON, FL 33050 MARATHON, FL 33050 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 04222004 CR2E034 (10/03) Chg-P 4. FEI Number Applied For City & State City & State 65-0897872 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent --- -6.-Name and Address of Current Registered Agent Name MANSON, FRANK J Street Address (P.O. Box Number is Not Acceptable) 4590 OVERSEAS HIGHWAY MARATHON, FL 33050 City Zip Code 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. te. SIGNATURE_ Signature, typed or printed name of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees ,263 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Delete TITLE Change Addition TITLE NAME MANSON, FRANK J NAME 4590 OVERSEAS HWY STREET ADDRESS STREET ADDRESS MARATHON, FL 33050 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition MANSON, MARGARET NAME NAME STREET ADDRESS 4590 OVERESEAS HWY STREET ADDRESS CITY-ST-ZIP MARATHON, FL 33050 CITY-ST-ZIP Change Delete TITLE ☐ Addition TITLE NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. . CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME - 5 6 1 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby 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 changed, or on an attachment with an address, with all other like empowered.

ulon ME OF SIGNING OFFICER OR DIRECTOR

FRANK J. MANSON

Apoll 27,2004

FILED