
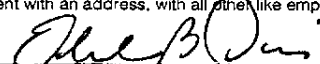


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000040299		
1. Entity Name FISH TALE SALES AND BROKERAGE, INC.		
Principal Place of Business 260 MARYLAND AVE. ENGLEWOOD, FL 34224		Mailing Address 260 MARYLAND AVE. ENGLEWOOD, FL 34224
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KELLY, CHARLES M JR. 2640 GOLDEN GATE PKWY., STE. 315 NAPLES, FL 34105		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and the if applicable</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE	D	
NAME	STEERE, WILLIAM C JR.	
STREET ADDRESS	27471 HARBOR COVE COURT	
CITY- ST- ZIP	RYE, NY 10580	
TITLE	D	
NAME	DAVIS, ELWOOD B	
STREET ADDRESS	P.O. BOX 2630	
CITY- ST- ZIP	WESTPORT, CT 06880	
TITLE	D	
NAME	DURRETT, ALVA E JR.	
STREET ADDRESS	7225 ESTERO BLVD.	
CITY- ST- ZIP	FT MYERS BEACH, FL 33932	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
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.		
SIGNATURE: 		4-13-04 203-226-8997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #