

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90026 031 \*\*\*150.00

**DOCUMENT # P99000072204**

1. Entity Name  
**FRICK AND FRACK FISHING, INC.**



Principal Place of Business  
**3300 N. 29TH AVE., STE. 101  
 HOLLYWOOD, FL 33020**

Mailing Address  
**1407 HARRISON ST  
 HOLLYWOOD, FL 33020**

**DO NOT WRITE IN THIS SPACE**

**44021420**



02112004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1039692</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

~~JENNINGS, EDWARD J~~  
~~200 SE 18TH COURT~~  
~~FORT LAUDERDALE, FL 33316~~

*Miller, Elysa*  
*3441 Oak Dr.*  
*Hollywood, FL 33021*

**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 *Elyse Miller* *Elyse Miller* DATE *3/15/04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVID, JAMES 3300 N. 29TH AVE., STE. 101 HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAVID, FREDERIC 3300 N 29TH AVENUE STE 101 HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV DAVID, BENENTT L 3300 N 29TH AVENUE STE 101 HOLLYWOOD, FL 33020
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: *Bennett L. David* DATE *3/15/04* DAYTIME PHONE # *954-925-7100*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #