

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90007 005 ***150.00

DOCUMENT # P99000094910

1. Entity Name

J. D. FISH ENTERPRISES, INC.



Principal Place of Business

16 HIGDON CT
FORT WALTON FL 32547

Mailing Address

16 HIGDON CT
FORT WALTON FL 32547

2. Principal Place of Business

3843 misty Way
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1411
Suite, Apt. #, etc.

City & State

Destin FL

City & State

Ft. Walton Bch FL

Zip
32541

Country
USA

Zip
32549

Country
USA

4. FEI Number

59-3611878

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FISH, JAMES D
16 HIGDON CT
FORT WALTON BEACH FL 32547

7. Name and Address of New Registered Agent

Name JAMES D. Fish
Street Address (P.O. Box Number is Not Acceptable)
3843 misty Way

City Destin

FL

Zip Code 32541

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-10-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME FISH, JAMES D
STREET ADDRESS 21 CAMBRIDGE AVE P.O. Box 1411
CITY-ST-ZIP FORT WALTON FL 32547 32549-1411

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

James D. Fish
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-04

Date

8506548880

Daytime Phone #