

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90069 038 ***150.00

DOCUMENT # S45349

1. Entity Name
GAMEFISH MARKETING, INC.



Principal Place of Business
**1605 S.W. 20TH AVE
BOCA RATON, FL 33486**

Mailing Address
**1605 S.W. 20TH AVE
SUITE 204
BOCA RATON, FL 33486**

24033613



2. Principal Place of Business

2101 KNITTLE CR.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEW SMYRNA BEACH, FL

City & State

FL

Zip

32168

Country

US

Zip

32168

Country

US

03302004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0263371

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WERKING, RALEIGH
1170 A-1-A, SUITE 204
HILLSBORO, FL 33062**

7. Name and Address of New Registered Agent

Name
WERKING, RALEIGH
Street Address (P.O. Box Number is Not Acceptable)

2101 KNITTLE CR.

City

NEW SMYRNA BCH, FL

Zip Code

32168

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

Ray Werking - NEW AD. ONLY

3/30/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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
**WERKING, RALEIGH
1605 S.W. 20TH AVE
BOCA RATON, FL 33486**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**WERKING, RALEIGH
2101 KNITTLE CR.
NEW SMYRNA BCH, FL 32168**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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:

Ray Werking - RALEIGH WERKING

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/30/04 386.428.0834