

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000029716

FILED
Aug 06, 2004
Secretary of State

Entity Name: INSHORE FISHING ASSOCIATION, INC.

Current Principal Place of Business:

8982 ELIZABETH FALLS DRIVE
JACKSONVILLE, FL 32257

New Principal Place of Business:

1221 NEWBERG AVENUE
MACON, GA 31206

Current Mailing Address:

8982 ELIZABETH FALLS DRIVE
JACKSONVILLE, FL 32257

New Mailing Address:

1221 NEWBERG AVENUE
MACON, GA 31206

FEI Number: 59-3631791

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARREN, GRADY
8982 ELIZABETH FALLS DRIVE
JACKSONVILLE, FL 32257

Name and Address of New Registered Agent:

ALLISON, ARTHUR
205 PALMETTO CONCOURSE
LONGWOOD, FL 32779

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.

SIGNATURE: ARTHUR ALLISON

08/06/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WARREN, GRADY
Address: 8982 ELIZABETH FALLS DRIVE
City-St-Zip: JACKSONVILLE, FL 32257

Title: P () Delete
Name: ARMSTRONG, SR., JAMES V PRESIDE
Address: 1149ST. ANDREWS DRIVE
City-St-Zip: MACON, GA 31210 US

Title: D (X) Delete
Name: ALLISON, ARTHUR DIRECTO
Address: 205 PALMETTO CONCOURSE
City-St-Zip: LONGWOOD, FL 32779 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ALLISON, ARTHUR DIRECTO
Address: 205 PALMETTO CONCOURSE
City-St-Zip: LONGWOOD, FL 32779 US

Title: P (X) Change () Addition
Name: ARMSTRONG, SR., JAMES V PRESIDE
Address: 1149 ST. ANDREWS DRIVE
City-St-Zip: MACON, GA 31210 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTHUR ALLISON

D

08/06/2004

Electronic Signature of Signing Officer or Director

Date