

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 319470

FILED  
May 05, 2004  
Secretary of State

**Entity Name:** CEDAR KEY FISH & OYSTER COMPANY OF HOMOSASSA, INC.

**Current Principal Place of Business:**

5590 S BLVD DRIVE  
HOMOSASSA, FL 34487 US

**New Principal Place of Business:**

5590 S BLVD DRIVE  
HOMOSASSA, FL 34448 US

**Current Mailing Address:**

P.O. BOX 407  
HOMOSASSA, FL 34487 US

**New Mailing Address:**

PO BOX 407  
HOMOSASSA, FL 34487 US

**FEI Number:** 59-1195421

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALLACE, BETTY JO  
5410 SOUTH MAGNOLIA  
HOMOSASSA, FL 34448

**Name and Address of New Registered Agent:**

WALLACE, BETTY JO  
PO BOX 411  
HOMOSASSA, FL 34487

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: \_\_\_\_\_

05/05/2004

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: DP ( ) Delete  
Name: WALLACE, BETTY JO  
Address: 5410 SOUTH MAGNOLIA  
City-St-Zip: HOMOSASSA, FL 34448

Title: V ( ) Delete  
Name: HAMPTON, MICHAEL W  
Address: 5410 S. MAGNOLIA  
City-St-Zip: HOMOSASSA, FL 34448

Title: ST ( ) Delete  
Name: HAMPTON, JOAN,  
Address: YULEE AVE  
City-St-Zip: HOMOSASSA, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: WALLACE, BETTY JO  
Address: PO BOX 411  
City-St-Zip: HOMOSASSA, FL 34487

Title: V (X) Change ( ) Addition  
Name: HAMPTON, MICHAEL W  
Address: 5410 S MAGNOLIA AVE  
City-St-Zip: HOMOSASSA, FL 34448

Title: ST (X) Change ( ) Addition  
Name: HAMPTON, JOAN,  
Address: 5410 S MAGNOLIA AVE  
City-St-Zip: HOMOSASSA, FL 34448

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: BETTY JO WALLACE

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05/05/2004

Electronic Signature of Signing Officer or Director

Date