2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K28324

1. Entity Name
BEST ATLANTIC SEAFOOD SYSTEMS, INCORPORATED

FILED
04 FEB -9 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
111 CHERRY STREET NEPTUNE BEACH, FL 32266	206 PULASKI DRIVE E. HAMPTON, SC 29924

DO NOT WRITE IN THIS SPACE

02052004 No Chg-P CR2E034 (10/03) 04

4. FEI Number
57-0872649

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ■ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DYAL, RANDALL W
111 CHERRY STREET
NEPTUNE BEACH, FL 32266

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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

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	D
NAME	ANDERSON, TRACIE
STREET ADDRESS	206 PULASKI DRIVE E.
CITY-ST-ZIP	HAMPTON, SC 29924
TITLE	P
NAME	ANDERSON, TONY
STREET ADDRESS	206 PULASKI DRIVE E.
CITY-ST-ZIP	HAMPTON, SC 29924
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

700028699837
02/13/04--01023--013 **8.75

700028699837
02/13/04--01023--012 **150.00

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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: [signature] ANTHONY D. ANDERSON 2/5/04 (803) 943-2824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

BB