

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90436 031 ***150.00

DOCUMENT # P01000052038 1. Entity Name SEAFOOD SALES & SERVICE, INC.					
Principal Place of Business 6708 LA LOMA DRIVE JACKSONVILLE, FL 32217			Mailing Address 6708 LA LOMA DRIVE JACKSONVILLE, FL 32217		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3724771	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BIELSKI, ABRAHAM 6708 LA LOMA DRIVE JACKSONVILLE, FL 32217				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	BIELSKI, ABRAHAM	NAME			
STREET ADDRESS	6708 LA LOMA DRIVE	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32217	CITY-ST-ZIP			
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	BIELSKI, SHIRLEY	NAME			
STREET ADDRESS	6708 LA LOMA DRIVE	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32217	CITY-ST-ZIP			
TITLE	D ☐ Delete	TITLE	☐ Change ☒ Addition		
NAME	Bielski, David	NAME	Director		
STREET ADDRESS		STREET ADDRESS	DAVID Bielski		
CITY-ST-ZIP		CITY-ST-ZIP	5350 WILLOW ROSE FALLS DRIVE		
CITY-ST-ZIP		CITY-ST-ZIP	JACKSONVILLE, FL 32217		
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
				Date	Daytime Phone #