2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

## Feb 11, 2004 08:00 AM Secretary of State DOCUMENT # P01000104587 1. Entity Name DANMAR SEAFOOD INC. Principal Place of Business Mailing Address 14714 SHERROD CROFT LANE DADE CITY FL 33525 14714 SHERROD CROFT LANE DADE CITY FL 33525 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State 4. FEI Number Applied For City & State 59-3753430 Not Applicable Country \$8.75 Additional Zip Country Zio 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CUESTA, DANIEL R 14714 SHERROD CROFT LANE Street Address (P.O. Box Number is Not Acceptable) DADE CITY FL 33525 City Zip Code B. 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 DATE Signature, typed or printed name of registered agent and tate it applicable. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Addition TITLE Change ☐ Defete TITLE NAME CUESTA, DANIEL R NAME U00000047345 STREET ADDRESS STREET ADDRESS 14714 SHERROD CROFT LANE 02/12/04-80036-025 **150.**00 DITY-ST-7IP CITY-ST-ZIP DADE CITY FL 33525 Change ☐ Addition TITLE Detete TITLE CUESTA, MARTHA L NAME NAME STREET ADDRESS STREET ADDRESS 14714 SHERROD CROFT LANE CITY-ST-ZIP DADE CITY FL 33525 CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITI F Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE me ☐ Delete 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 ince empowered.

Daniel R. Cuesta algloy

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