


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000104587
 1. Entity Name
 DANMAR SEAFOOD INC.



Principal Place of Business Mailing Address
 14714 SHERROD CROFT LANE 14714 SHERROD CROFT LANE
 DADE CITY, FL 33525 DADE CITY, FL 33525

DO NOT WRITE IN THIS SPACE



03202006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 59-3753430 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CUESTA, DANIEL R
 14714 SHERROD CROFT LANE
 DADE CITY, FL 33525

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CUESTA, DANIEL R 14714 SHERROD CROFT LANE DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CUESTA, MARTHA L 14714 SHERROD CROFT LANE DADE CITY, FL 33525
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 04/19/06-80050-014 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Daniel R. Cuesta*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 3/31/06 362 588 4800
 Date Daytime Phone #