


**FILED**  
**Mar 03, 2006 08:00 AM**  
**Secretary of State**

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # P03000022750</b>	
1. Entity Name BEE FISHING & COOKING, INC.	

Principal Place of Business 1842 17TH COURT NORTH LAKE WORTH, FL 33460	Mailing Address 1842 17TH COURT NORTH LAKE WORTH, FL 33460
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**DO NOT WRITE IN THIS SPACE**



02242006 No Chg-P CR2E034 (11/05)

4. FEI Number 75-3103234	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MAZARELLA, JOSEPH W  
 1842 17TH COURT NORTH  
 LAKE WORTH, FL 33460

**DO NOT WRITE IN THIS SPACE**

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 reinstating)

**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

000001454445  
 03/15/06-80015-025 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MAZARELLA, JOSEPH W 1842 17TH COURT NORTH LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS JEFFERSON, NANCY R 1842 17TH COURT NORTH LAKE WORTH, FL 33460
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Joseph W Mazarella **JOSEPH W MAZARELLA** 2-23-06 (561)533-7257  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #