

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000064031

**FILED**  
**Apr 15, 2005**  
**Secretary of State**

**Entity Name:** CEDAR RIVER SEAFOOD OF STARKE, INC.

**Current Principal Place of Business:**

900 WALNUT STREET  
STARKE, FL 32291

**New Principal Place of Business:**

**Current Mailing Address:**

4417 BEACH BOULEVARD  
SUITE 104, BROWARD BLDG.  
JACKSONVILLE, FL 32207 US

**New Mailing Address:**

2105 PARK AVENUE  
SUITE 5  
ORANGE PARK, FL 32073 US

**FEI Number:** 59-3332914

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROTHSTEIN, SIMON D  
4417 BEACH BLVD #104  
JACKSONVILLE, FL 32207 US

**Name and Address of New Registered Agent:**

BELL, ROLAND  
2105 PARK AVENUE  
SUITE 5  
ORANGE PARK, FL 32073 US

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.

SIGNATURE: ROLAND BELL

04/15/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: FELLOWS, DAN  
Address: 1684 RIDEOUT FERRY RD  
City-St-Zip: MIDDLEBURG, FL 32068

Title: D ( ) Delete  
Name: BELL, ROLAND R  
Address: 154 RIVERWOOD TERRACE  
City-St-Zip: ORANGE PARK, FL 32003

Title: D (X) Delete  
Name: BELL, KATHY  
Address: 154 RIVERWOOD TERRACE  
City-St-Zip: ORANGE PARK, FL 32003

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPT (X) Change ( ) Addition  
Name: BELL, ROLAND  
Address: 2105 PARK AVENUE, SUITE 5  
City-St-Zip: ORANGE PARK, FL 32073

Title: DS (X) Change ( ) Addition  
Name: BELL, KATHY  
Address: 2105 PARK AVENUE, SUITE 5  
City-St-Zip: ORANGE PARK, FL 32073

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROLAND BELL

DPT

04/15/2005

Electronic Signature of Signing Officer or Director

Date