

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90195 030 ***150.00

DOCUMENT # P96000078690

1. Entity Name
CORTEZ BAIT & SEAFOOD, INC.



Principal Place of Business
**4258 119TH ST. WEST
CORTEZ, FL 34215 US**

Mailing Address
**PO BOX 579
CORTEZ, FL 34215**



02102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0699661	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WEIFFENBACH & THOMAS, P.A.
~~538 12TH ST. W.~~ **6400 MANATEE AVE. W.**
~~BRADENTON, FL 34205~~ **Suite 1**
Bradenton, FL 34209

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	PT BANYAS, JOHN T 4436 124TH ST W. CORTEZ, FL 34215
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MCVEY, KIMBERLY J 4436 124TH ST. WEST CORTEZ, FL 34215
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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

Kimberly J. McVey
Kimberly J. McVey

4/29/04 (941) 795-6620
Date Daytime Phone #