


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # 260927 1. Entity Name SAHLMAN SEAFOODS, INC.	
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Principal Place of Business 1601 SAHLMAN DRIVE TAMPA, FL 33605	Mailing Address 1601 SAHLMAN DRIVE TAMPA, FL 33605
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DO NOT WRITE IN THIS SPACE



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0970424	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAHLMAN, C W
1601 SAHLMAN DRIVE
TAMPA, FL 33605

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, 2005 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	CD SAHLMAN, C W 1601 SAHLMAN DRIVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST WIESEN, H.J. 1601 SAHLMAN DRIVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WILLIAMS, MARCHANT A 1601 SAHLMAN DRIVE TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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00000308607
04/16/05-80004-010 158.75

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: *H.J. Wiesen* H.J. WIESEN 4-12-05 8:13:24 2-5726 EXT 237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone