


**2004 FOR PROFIT CORPORATION.
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # 288982 1. Entity Name ESTERO ISLAND SEAFOOD, INC.	
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Principal Place of Business 2000 MAIN ST P O BOX 2484 FORT MYERS BEACH, FL 33931	Mailing Address 21054 ST PETERS DR FT MYERS BEACH, FL 33931 US
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03222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1090789	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

RASH, ELIZABETH A
21054 ST PETERS DR
FT MYERS BEACH, FL 33931

**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

000000136383
04/28/04-80089-018 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RASH, ELIZABETH 21054 ST. PETER DR. FT MYERS BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GRIDLEY, DOROTHY 15490 COPRA LANE FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LEE, BLANCHE 892 BUTTONWOOD FT MYERS BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 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

DOROTHY GRIDLEY
JECY

Date

Daytime Phone #

4/26/04

239-466-4135