## 2006 FOR PROFIT CORPORATION

## **ANNUAL REPORT FILED** Jan 06, 2006 08:00 AM **DOCUMENT #313098** Secretary of State TED PETERS' FAMOUS SMOKED FISH, INC. Principal Place of Business Mailing Address 1350 PASADENA AVE.S. 1350 PASADENA AVE.S. ST. PETERSBURG, FL 33707 ST. PETERSBURG, FL 33707 CR2E034 (11/05) 01032006 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1155675 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent LATHROP, MICHAEL A DO NOT WRITE 1350 PASADENA AVE ST PETERSBURG, FL 33707 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DPT TITLE LATHROP, MICHAEL A NAME STREET ADDRESS 1350 PASADENA AVE CITY-ST-ZIP ST. PETERSBURG, FL DVS TITLE U00000378586 ni/ng/06-80013-021 150.00 NAME COOK, JAY T STREET ADDRESS 1350 PASADENA AVE CITY-ST-ZIP ST. PETERBURG, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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.

(Aloon

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SKOHING OFFICER OR DIRECTOR

NAL **4** 2006

727) 381.7931