

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 349866

1. Entity Name

PLANTATION FISHERIES INC.



Principal Place of Business

US ONE AND TAVERNIER CREEK
TAVERNIER, FL 33070 US

Mailing Address

P.O. BOX 374
TAVERNIER, FL 33070 US



04232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1267341

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JONES MARK
183 BOUGANVILLEA ST
TAVERNIER, FL 33070

**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 T
NAME JONES, DONALD
STREET ADDRESS 155 IROQUOIS
CITY - ST - ZIP TAVERNIER, FL 00000,

TITLE TS
NAME JONES, DONALD
STREET ADDRESS 155 IROQUOIS
CITY - ST - ZIP TAVERNIER, FL 00000,

TITLE D
NAME JONES, PAUL
STREET ADDRESS 131 BESSIE RD
CITY - ST - ZIP TAVERNIER, FL 00000,

TITLE P
NAME JONES, MARK
STREET ADDRESS 183 BOUGANVILLEA ST
CITY - ST - ZIP TAVERNIER, FL 00000,

TITLE V
NAME JONES, CLARK
STREET ADDRESS 191 GARDINIA
CITY - ST - ZIP TAVERNIER, FL 00000,

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000148019
05/03/04-80130-007 150.00

**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

MARK JONES PRES

Date

4/29/04

Daytime Phone #

305-852-2561