

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 349866

FILED  
Apr 22, 2006  
Secretary of State

Entity Name: PLANTATION FISHERIES INC.

**Current Principal Place of Business:**

US ONE AND TAVERNIER CREEK  
TAVERNIER, FL 33070 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 374  
TAVERNIER, FL 33070 US

**New Mailing Address:**

FEI Number: 59-1267341      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JONES MARK  
183 BOUGANVILLEA ST  
TAVERNIER, FL 33070 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: JONES, DONALD,  
Address: 155 IROQUOIS  
City-St-Zip: TAVERNIER, FL 00000,

Title: TS ( ) Delete  
Name: JONES, DONALD  
Address: 155 IROQUOIS  
City-St-Zip: TAVERNIER, FL 00000,

Title: D ( ) Delete  
Name: JONES, PAUL,  
Address: 131 BESSIE RD  
City-St-Zip: TAVERNIER, FL 00000,

Title: P ( ) Delete  
Name: JONES, MARK,  
Address: 183 BOUGANVILLEA ST  
City-St-Zip: TAVERNIER, FL 00000,

Title: V ( ) Delete  
Name: JONES, CLARK,  
Address: 191 GARDINIA  
City-St-Zip: TAVERNIER, FL 00000,

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK JONES

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

P

04/22/2006

\_\_\_\_\_ Date