2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 366123

1. Entiry Name

WEST FLORIDA FISH COMPANY



FILED Feb 13, 2008 08:00 AM Secretary of State

			- The state of the	
Principal Plac	e of Business	Mailing Address		
620 SOUTH		PO BOX 191		
PENSACOLA FL 32501		PENSACOLA FL 3259	1	
2. Principal Place of Business - No P.C. Box #		3. Mailing Address		
Suite, Apr. #, etc.		Suite, Apt. #, etc		1st MOORE CR2E034 (10/07)
City & State		City & State		4. FEI Number 59-1299679 Applied For Not Applied ble
Zıp	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
			Name	
PATTI, GERARD M 625 GREENHILLS RD CANTONEMENT FL 32533			Street Address	s (P.O. Box Number is Not Acceptable)
CAN	NIONEMENT PL 32333	•		
			City	FL Zip Code
	named entity submits this statement flions of registered agent.	or the purpose of changing its	registered office or regis	tered agent, or coth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, lyped or protect harmoret registrood agen	tand the Temploania (NOT)	F. Registried Agont einertum requi	programmer depression of DATE
domini 14 / 1				
After	ILE NOW!!! FEE IS \$150.00 May 1, 2008 Fee Will Be \$550.00 k Payable to Florida Department of	of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
<u>10. 15 15414.33346.</u> 10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	P	☐ Derete	TITLF	☐ Change ☐ Addition
NAME	PATTI, GERARD M		NAME	ԱՌՈՌՈՌՈՒԴ
STREET ADDRESS	625 GREENHILLS RD		STREET ADDRESS	000000826005 02/21/08-80033-004 150.00
CITY-ST-ZIP	CANTONMENT FL 32533		CITY - ST-ZIP	OE, EX. 00 0000 001 200 00
TITLE	VP	☐ De⊬ele	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS	PATTI, JOSEPH B 1621 W. GREGORY ST		NAME STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32501		CITY-ST-ZIP	
TITLE	S	☐ Derete	TITLE	Change Audition
NAME	PETERMAN, ANNA	LI Derete	NAME	
STREET ADDRESS	416 SHORELINE DRIVE		STREET ADORESS	
CITY-ST-ZIP	GULF BREEZE FL 32561		CITY-ST-ZIP	
ппе	P	☐ Delete	TITLE	Change Addition
NAME	PATTI, GERARD M		NAME	
STREET ADDRESS	625 GREENHILLS RD		STREET ADDRESS	
CITY-ST-ZIP	CANTONEMENT FL 32533		CITY-ST-ZIP	
THIFF		☐ Deleto	TITL€	☐ Change ☐ Addition
NAME CIDERI ADDOCCO			NAME CICIET ADDOLCC	
STREET ADDRESS CITY-S1-ZIP			STREET ADDRESS CITY-ST-ZIP	
		Пъ		Change Addition
TITLE NAME		☐ Defele	TITLE NAME	☐ Change ☐ Addition
CIRELI ADDRESS			CIDEEL VUOTOL CC	

12. Hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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.

CITY: ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0/8/08 to Day: mo Phone