


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2005 8:00 am
Secretary of State

08-24-2005 90054 004 ***150.00

DOCUMENT # 542779 1. Entity Name GREEN TURTLE CANNERY & SEAFOOD, INC.					
Principal Place of Business 81219 OVERSEAS HWY ISLAMORADA, FL 33036			Mailing Address PO BOX 585 ISLAMORADA, FL 33036		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1195 Suite, Apt. #, etc.			
City & State 		City & State ISLAMORADA, FL		4. FEI Number 59-1760941	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33036		Country USA		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ROSENTHAL, HENRY L JR. 81219 OVERSEAS ISLAMORADA, FL 33036			7. Name and Address of New Registered Agent Name BETTE J ROSENTHAL Street Address (P.O. Box Number is Not Acceptable) 81124 OVERSEAS HWY City ISLAMORADA FL Zip Code 33036		
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 <u><i>Bette J Rosenthal</i></u> DATE <u>8/12/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSENTHAL, HENRY L. JR. U.S. HWY 1 UPPER MET. KEY ISLAMORADA, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BETTE J. ROSENTHAL 81124 OVERSEAS HWY. ISLAMORADA FL 33036	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 <u><i>Bette J Rosenthal</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>8/12/05</u> Daytime Phone #		

50063097



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