

**FOR PROFIT CORPORATION
ANNUAL REPORT**

For Office Use Only

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DOCUMENT # 559689

1. Entity Name

SUNDANCER FISHERIES, INC.



FILED

12 MAY 29 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box #
1688 ROBERTS DRIVE

3. Mailing Address
1688 ROBERTS DRIVE

Suite, Apt #, etc.

Suite, Apt #, etc.

CR2E034B (5/07)

City & State

JACKSONVILLE BEACH FL

City & State

JACKSONVILLE BEACH FL

Zip

32250

Country

Zip

32250

Country

4. FEI Number

59-1808924

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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7. Name and Address of Current Registered Agent

Name

WILLIAM B. MCMENAMY

Street Address (P.O. Box Number is Not Acceptable)

245 RIVERSIDE AVENUE SUITE 450

City

JACKSONVILLE

FL

Zip Code

32202

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

5/21/12

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTSD
NAME	RANDALL W. DYAL
STREET ADDRESS	4318 GATE LANE
CITY-ST-ZIP	JACKSONVILLE-FL-32226
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

900235559089
05/25/12--01002--020 **150.00

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12. I hereby certify that the information supplied with this filing 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 on an attachment with an address; with all other like empowered

SIGNATURE:

RANDALL W. DYAL

5/21/12

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #