

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # 758651

1. Entity Name
JOHN'S PASS SEAFOOD FESTIVAL, INC.



Principal Place of Business
**150 JOHNS PASS BOARDWALK
MADEIRA BEACH, FL 33708 US**

Mailing Address
**150 JOHNS PASS BOARDWALK
MADEIRA BEACH, FL 33708 US**



04082005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2858359

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCDOLE, KATHLEEN H
150 JOHNS PASS BOARDWALK
MADEIRA BEACH, FL 33708**

**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 reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MCDOLE, KATHLEEN H
STREET ADDRESS 150 JOHNS PASS BOARDWALK W
CITY-ST-ZIP MADEIRA BEACH, FL 33708

TITLE DT
NAME HUBBARD, PATRICIA
STREET ADDRESS 150 JOHNS PASS BOARDWALK
CITY-ST-ZIP MADEIRA BEACH, FL 33708

TITLE DS
NAME HUBBARD, MARK
STREET ADDRESS 150 JOHNS PASS BOARDWALK
CITY-ST-ZIP MADEIRA BEACH, FL 33708

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000299260
04/11/05-80098-023 70.00

**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 617, 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:

Patricia Hubbard Patricia Hubbard

4-8-05 727-397-8764

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #