

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 27, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F03000001922**

1. Entity Name  
**HARBOUR LOBSTER AND FISH COMPANY LIMITED**



Principal Place of Business  
**YELLOW PINE ROAD (P.O. F-40014)  
FREEPORT G.B. BAHAMAS,**

Mailing Address  
**P.O. BOX F-40016  
FREEPORT BAHAMAS,**

**DO NOT WRITE IN THIS SPACE**



07242005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**BUTLER, JEFFREY B SR.  
2105 NORTH 15TH AVE.  
HOLLYWOOD, FL 33020**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CP  
BUTLER, JEFFREY B SR.  
15 RINGWOOD DRIVE  
FREEPORT G.B. BAHAMAS,**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VVT  
BUTLER, ROBERT  
P.O. BOX F-40016  
FREEPORT BAHAMAS,**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CHRISTOPHER GOUTHRO PA  
P.O. BOX 4-42419  
FREEPORT G.B. BAHAMAS,**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
VIVIAN GOUTHRO PA  
P.O. BOX 4-42419  
FREEPORT G.B. BAHAMAS,**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
ALBURY, COLLEEN L  
P.O. BOX F-41851  
FREEPORT G.B. BAHAMAS,**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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07/27/05-80005-006 158.75

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JEFFREY B. BUTLER, JR**

Date

**7/22/05**

Daytime Phone #

954-494-8849