

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F74927

1. Entity Name
INDIAN PASS SEAFOOD COMPANY, INCORPORATED

Principal Place of Business

8391 C-30A
PORT ST. JOE, FL 32456

Mailing Address

8391 C-30A
PORT ST. JOE, FL 32456

DO NOT WRITE IN THIS SPACE

FILED
Apr 27, 2005 08:00 AM
Secretary of State



04202005

No Chg-P

CR2E034 (10/03)

4. FEI Number
59-2186288

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCNEILL, JAMES T
1031 INDIAN PASS ROAD
PORT ST. JOE, FL 32456

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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
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MCNEILL, JAMES T
1031 INDIAN PASS ROAD
PORT ST. JOE, FL 32456

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
MCNEILL, BETTY L
1031 INDIAN PASS ROAD
PORT ST. JOE, FL 32456

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
MCNEILL, JAMES T III
190 NORTH HIGGINS ST
PORT ST JOE, FL 32456

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: *James T McNeill* President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/05

Date

850-227-1670

Daytime Phone #