2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005
Secretary of State

DOCUMENT# F94000002363

Entity Name: PORT CANAVERAL SEAFOOD HOUSE, INC.

Current Principal Place of Business:

602 GLENN CHEEK DRIVE
PORT CANAVERAL, FL 32920 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1975
PORT CANAVERAL, FL 32920 US

New Mailing Address:

P.O. BOX 304
PORT CANAVERAL, FL 32920 US

FEI Number: 56-1863106 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUNYAN, GARY
3960 S. BANANA RIVER BLVD.
COCOA BEACH, FL 32931 US

Name and Address of New Registered Agent:

MILLIKEN, LLOYD
145 WEST PASCO LANE
COCOA BEACH, FL 32931 US

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.

SIGNATURE: LLOYD MILLIKEN 03/29/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MILLIKEN, LLOYD R
Address: 300 SYKES CREEK PARKWAY
City-St-Zip: MERRITT ISLAND, FL 32952

Title: ST ( ) Delete
Name: SOLANO, RHODA
Address: 1850 HARBOR PT. DR.
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VP ( ) Delete
Name: MILLIKEN, TIMOTHY L
Address: 145 W. PASCO LANE
City-St-Zip: COCOA BEACH, FL 32931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY MILLIKEN VP 03/29/2005
Electronic Signature of Signing Officer or Director Date