

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # G14575

1. Entity Name
PAUL'S SHRIMP, INC.



Principal Place of Business
80 WEST LIVE OAK ST.
TARPON SPRINGS, FL 34689

Mailing Address
80 WEST LIVE OAK ST.
TARPON SPRINGS, FL 34689



01192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2242684

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TSALICKAS, STEVE
1668 SEABREEZE DRIVE
TARPON SPRINGS, FL 33589

**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
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	PD
NAME	SAKELLARIDES, SANDRA
STREET ADDRESS	530 ATHENS ST.
CITY - ST - ZIP	TARPON SPRINGS, FL
TITLE	STD
NAME	TSALICKIS, STEVE J.
STREET ADDRESS	1668 SEABREEZE DR
CITY - ST - ZIP	TARPON SPRINGS, FL
TITLE	VD
NAME	TSALICKIS, MICHAEL
STREET ADDRESS	1404 CIRCLE DR
CITY - ST - ZIP	TARPON SPRINGS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000290283
04/06/05-80060-002 150.00

**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 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:

Michael J. Tsalickis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/05
Date

(27) 938-5093
Daytime Phone #