

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90020 015 \*\*\*150.00

DOCUMENT # G20861

1. Entity Name

SEAFOOD WORLD WHOLESALE, INC.



Principal Place of Business

4602 NORTH FEDERAL HWY.  
LIGHTHOUSE POINT FL 33064

Mailing Address

4602 NORTH FEDERAL HWY.  
LIGHTHOUSE POINT FL 33064

2. Principal Place of Business

4020 N.E. 10<sup>th</sup> WAY  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

POMPAHO BEACH FL

City & State

POMPAHO BEACH FL

4. FEI Number

65-0134368

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HUGH, GANTER  
7012 NW 78TH STREET  
TAMARAC FL 33064

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004. Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	MPS	<input type="checkbox"/> Delete
NAME	GANTER, JOY J	
STREET ADDRESS	7012 NW 78 ST	
CITY - ST - ZIP	TAMARAC, FL 00000	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GANTER, HUGH	
STREET ADDRESS	7012 NW 78TH ST.	
CITY - ST - ZIP	TAMARAC FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TROY GANTER	
STREET ADDRESS	3816 NE 15 ST	
CITY - ST - ZIP	POMPAHO BEACH FL 33062	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRISTOPHER O'BERG	
STREET ADDRESS	2503 NE 15 ST	
CITY - ST - ZIP	POMPAHO BEACH FL 33062	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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

Date

Daytime Phone #

HUGH K GANTER 3/8/04 954 9480740