## 2005 FOR PROFIT CORPORATION

## **FILED** Feb 09, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # G83024 1. Entity Name FERNANDINA SEAFOOD COMPANY Principal Place of Business Mailing Address 312 N. FRONT STREET P. O. BOX 1257 FERNANDINA BEACH, FL 32034 FERNANDINA BEACH, FL 32035-1257 US 01072005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-2362364 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent BURGESS, GRANVILLE C. DO NOT WRITE 303 CENTRE STREET SUITE 200 IN THIS SPACE FERNANDINA BEACH, FL 32034 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) 9. Election Campalgn Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. PSO TITLE FLOWERS, JESSE D. NAME 1022 N. 22 ST STREET ADDRESS CITY-ST-ZIP JACKSONVILLE BCH, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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: /

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #