## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# H07629

401 SCHOOL DRIVE

EVERGLADES CITY, FL

Address: City-St-Zip: FILED Apr 20, 2004 Secretary of State

					<b>,</b>	
Entity Nan	ne: TRIAD	SEAFOOD,	, INC.			
Current Principal Place of Business:				New Principal Pla	ace of Business:	
401 SCHO EVERGLAI	OL DRIVE DES CITY, F	FL 33929	US			
Current Mailing Address:				New Mailing Add	New Mailing Address:	
PO BOX 50 EVERGLAI	007 DES CITY, F	FL 33929	US			
FEI Number: 59-2429511 FEI Number Applied For ( ) FEI Nu				FEI Number Not Applicable (	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
HILTON, CHARLES 401 SCHOOL DRIVE PO BOX 5007 EVERGLADES CITY, FL 33929 US						
The above in the State		y submits th	nis statement for the p	urpose of changing its regist	tered office or registered agent, or both,	
SIGNATUR	RE:					
Electronic Signature of Registered Agent				nt	Date	
Election Can	paign Financ	ing Trust Fur	nd Contribution ( ).			
OFFICERS AND DIRECTORS:				ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD HILTON, CHA 401 SCHOOI EVERGLADE	L DRIVE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V HILTON, PAN 401 SCHOOI EVERGLADE	L DR		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	ST ANDREWS, I	() Delete ROBERT		Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: PAMELA HILTON V 04/20/2004