

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H07629

**FILED**  
**Apr 13, 2011**  
**Secretary of State**

**Entity Name:** TRIAD SEAFOOD, INC.

**Current Principal Place of Business:**

401 SCHOOL DRIVE  
EVERGLADES CITY, FL 34139 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 5007  
EVERGLADES CITY, FL 34139 US

**New Mailing Address:**

**FEI Number:** 59-2429511

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HILTON, CHARLES  
401 SCHOOL DRIVE  
EVERGLADES CITY, FL 34139 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HILTON, CHARLES  
Address: 401 SCHOOL DRIVE  
City-St-Zip: EVERGLADES CITY, FL 34139

Title: V  
Name: HILTON, PAMELA  
Address: 401 SCHOOL DR  
City-St-Zip: EVERGLADES CITY, FL 34139

Title: ST  
Name: ANDREWS, ROBERT  
Address: 401 SCHOOL DRIVE  
City-St-Zip: EVERGLADES CITY, FL 34139

I hereby 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 all other like empowered.

SIGNATURE: PAMELA HILTON

VP

04/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date