2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2005 08:00 AN Secretary of State

						-,	_	
DOCUMENT # H54606 1. Entity Name SEACOAST SEAFOOD SUPPLY, INC.					Secretary of State			
1		lailing Address						
1401 CESER		PO BOX 11237	77					
JACKOUNVILI	LE, FL 32211 J	AKCSONVILLE, FL 32239-12	3/					
				Maria Anna				
DO NOT WOLTE IN THE ODA				04192005	No Chg-P	CR2E034 (10/03)		
DO NOT WRITE IN THIS SPA			UE	4. FEI Numb		Applied For	_	
				59-253	31525	Not Applicat	is	
				5. Certificate	of Status Desired	\$8.75 Additional		
	6. Name and Address of Current Regis	tored Agent		STROOM)		Fee Required		
	or same and Adamses of Carrelli Hoge	resident bildetit		<u> </u>				
SLOTT, A	RNOLD H			DΩ	NOT W	DITE		
334 EAST DUVAL STREET			DO NOT WRITE					
JACKSONVILLE, FL 32202			IN THIS SPACE					
				11 %		AOL		
						CT LA MERGES ASS	_	
8. The above	named entity submits this statement for the	ourpose of changing its register		istered agent, or bo	th, in the State of Flo	rida. I am familiar with, and accer		
the obligat	lions of registered agent.							
SIGNATURE								
O(Q(Q 1) Q11 <u>D</u> 2	Signature, typed or printed name of registered agent and title	If applicable. (NOTE: Registere	d Agent signature re	quired when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS	<u> </u>	· · · · · · · · · · · · · · · · · · ·			_	
TITLE	PD	7.01.0						
NAME	MAHONEY, JAMES M.		1					
STREET ADDRESS	1401 CESERY TERRACE							
CITY-ST-ZIP	JACKSONVILLE, FL 32211							
TINE	s	-	1		U <u>0</u> 0000	330859		
NAME	MAHONEY, JULIENNE	04/25/05-80176-007 150.00						
STREET ADDRESS	1401 CESERY TERRACE		1					
CITY-ST-ZIP	JACKSONVILLE, FL 32211		general associa	<u> </u>	Company of the Company			
TITLE NAME								
STREET ADDRESS				-				
CITY-ST-ZIP			1	DO	NOT W	RITE		
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NAME			1	11/	THIS SP	AUE		
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indicated	certify that the information supplied with this fi on this report or supplemental report is true a	and does not qualify for the exe	mption stated li ture shall have l	n Section 119.07(3)(the same legal effec	 Florida Statutes, I at as if made under or 	rurmer certify that the information ath; that I am an officer or director		
of the cor changed.	poration or the receiver or trustee empowered or on an attachment with an address, with all	d to execute this report as requi	red by Chapter	607, Florida Statute	es, and that my name	appears in Block 10 or Block 11 i	ŧ	
4 ,		200		y.				

4-21-05

Date

(904) 744-0581

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: