

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90371 031 ***150.00

DOCUMENT # H54606

1. Entity Name
SEACOAST SEAFOOD SUPPLY, INC.



Principal Place of Business
**1401 CESERY TERRACE
JACKSONVILLE, FL 32211**

Mailing Address
**PO BOX 11237
JACKSONVILLE, FL 32239-1237**

60024094



03222006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2531525

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SLOTT, ARNOLD H
334 EAST DUVAL STREET
JACKSONVILLE, FL 32202**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAHONEY, JAMES M. 1401 CESERY TERRACE JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAHONEY, JULIENNE 1401 CESERY TERRACE JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

3-28-06

Date

(904) 744-0581

Daytime Phone #

ATTACHMENT

SLOTT, BARKER & NUSSBAUM

ATTORNEYS AT LAW

A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS

334 EAST DUVAL STREET
JACKSONVILLE, FLORIDA 32202
TELEPHONE (904) 353-0033
TELECOPIER (904) 355-4148

6 0024094

ARNOLD H. SLOTT, P.A.*
E-mail: ahsloott@bellsouth.net

EARL M. BARKER, JR., P.A.
E-mail: embarker@bellsouth.net

WILLIAM NUSSBAUM, P.A.**
E-mail: nusslaw3@bellsouth.net

* CERTIFIED CIRCUIT CIVIL MEDIATOR
** BOARD CERTIFIED REAL ESTATE LAWYER

March 30, 2006

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Seacoast Seafood Supply, Inc.
Document # H54606

Ladies and Gentlemen:

I enclose the following:

- (a) Original signed 2006 Uniform Business Report;
- (b) Seacoast Seafood Supply, Inc.'s check no. 012324, payable to the Florida Department of State in the amount of \$150.00 to cover your fee for filing the annual report.

If you have any questions, please contact our office.

Very truly yours,

Carol-Anne Hallam

Carol-Anne Hallam, CLA
Certified Legal Assistant

:cah
Enclosures