


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J39203</b> 1. Entity Name SUMMERLAND SEAFOOD, INC.	
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Principal Place of Business MILE MARKER 25 SUMMERLAND KEY, FL 33042	Mailing Address P.O. BOX 420223 SUMMERLAND KEY, FL 33042
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**DO NOT WRITE IN THIS SPACE**



04062005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2736443	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

WARD, DAWN  
981 NILES ROAD  
SUMMERLAND KEY, FL 33042

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00.**  
**After May 1, 2005 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	PS WARD, JOHN PO BOX 420003 SUMMERLAND KEY, FL 33042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT WARD, DAWN PO BOX 420003 SUMMERLAND KEY, FL 33042
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U00000296309  
04/09/05-80062-020 150.00

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: Dawn Ward 4-6-05 3057459974  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #