

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2004 08:00 AM
Secretary of State

DOCUMENT # J60664

1. Entity Name
MAYPORT WHOLESALE SEAFOOD, INC.



Principal Place of Business

**979 WORTHINGTON AVENUE
P.O. BOX 458
GREEN COVE SPRINGS, FL 32043**

Mailing Address

**979 WORTHINGTON AVENUE
P.O. BOX 458
GREEN COVE SPRINGS, FL 32043**

DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2733723

Applied For
Not Applicable

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

5. Name and Address of Current Registered Agent

**DASHER, CURTIS WALDO, JR
3969 SUSAN DRIVE
GREEN COVE SPRINGS, FL 32043**

**DO NOT WRITE
IN THIS SPACE**

6. 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

(Not to be: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DASHER, C. W.
STREET ADDRESS	3969 SUSAN DRIVE
CITY - ST - ZIP	GREEN COVE SPRINGS, FL
TITLE	VP
NAME	WHITESSELL, JAMES
STREET ADDRESS	22 RAMSEY STREET STE. B
CITY - ST - ZIP	ROSWELL, GA 30075
TITLE	ST
NAME	DASHER, JIMMY
STREET ADDRESS	2101 TWIGG STREET
CITY - ST - ZIP	PALATKA, FL 32177
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/21/04-80009-007 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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: **C.W. DASHER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-04 9042846093

Date

Daytime Phone #