

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 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



03282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2733723

Applied For
Not Applicable

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

6. 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**

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 re-appointing)

DATE

**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**

U00000328619
04/25/05-80084-017 150.00

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 WHITESELL, 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

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 exemption stated in Section 119.07(3)(i), 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 fee empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

C.W. Dasher 4/20/05 904-284-6052