

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90015 044 ***150.00

DOCUMENT # J74166	
1. Entity Name KAJO FISHERIES, INC.	

Principal Place of Business % JOSEPH SALADINO, JR. P.O. BOX 102 MARATHON, FL 33050-0102	Mailing Address % JOSEPH SALADINO, JR. P.O. BOX 102 MARATHON, FL 33050-0102
--	--

DO NOT WRITE IN THIS SPACE

01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2820724	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SALADINO, JOSEPH, JR.
8038 TUNA DR.
MARATHON, FL 33050-0102

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 _____ (NOTE: 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 NAME STREET ADDRESS CITY-ST-ZIP	PS SALADINO, RAYMOND L. 8038 TUNA DR MARATHON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SALADINO, JOSEPH JR 8038 TUNA DR MARATHON, FL 33050
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 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 like empowered.

SIGNATURE:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____