2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

DOCUMENT # K14463

1. Entity Name

PINDER'S SEAFOOD & MARKETPLACE, INC.

FILED

FILED
Feb 22, 2006 8:00 am
Secretary of State
02-22-2006 90006 030 ***158.75

Principal Place of Business	Mailing Address
1665 OLD DIXIE HIGHWAY JUPITER, FL 33469	1665 OLD DIXIE HIGHWAY JUPITER, FL 33469

1st MOORE   CR2E034 (10/05)

2. Principal Place of Business	**3.** Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0102387   Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
PINDER, DOROTHY L 2564 LA CRISTAL CIRCLE PALM BEACH GARDENS FL 33410	Name Street Address (P.O. Box Number is Not Acceptable) City ___ FL Zip Code

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
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		**11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VP NAME PINDER, CLINTON L STREET ADDRESS 2564 LA CRISTAL CIRCLE CITY-ST-ZIP PALM BEACH GARDENS FL 33410	☒ Delete	TITLE VP NAME Pinder, Gerald D STREET ADDRESS 185 RainTree Trail CITY-ST-ZIP Jupiter FL 33458	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _Dorothy L Pinder_ DOROTHY L. PINDER 02/07/06 561-746-3620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #