


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90098 016 \*\*\*158.75

<b>DOCUMENT # K76864</b> 1. Entity Name <b>M &amp; R SEAFOOD, INC.</b>			
Principal Place of Business <b>954 CANDY LANE</b> <b>SUWANNEE, FL 32692</b>		Mailing Address <b>P.O. BOX 1376</b> <b>OLD TOWN, FL 32680</b>	
2. Principal Place of Business <b>11851 OSPREY WAY</b> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State <b>CEDAR KEY FLA.</b>		City & State _____	
Zip <b>32625</b>		Country <b>USA</b>	
4. FEI Number <b>59-2940349</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		02022005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>VIELE, MARGARET R</b> <b>954 CANDY LANE</b> <b>SUWANNEE, FL 32692</b>		7. Name and Address of New Registered Agent Name <b>VIELE, MARGARET R.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1036 N.W. 124th DR.</b> City <b>NEWBERRY</b> <b>FL</b> Zip Code <b>32669</b>	
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 <u>Margaret R. Vile</u> DATE <u>2-8-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT VIELE, RICHARD R 11851 OSPREY WAY CEDAR KEY, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS VIELE, MARGARET R 954 CANDY LANE SUWANNEE, FL 32692	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Margaret R. Vile</u> <b>MARGARET R. VIELE</b>		Date <u>2-8-05</u> Daytime Phone # <u>352-215-3124</u>	

**50022785**

