

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # K76864

1. Entity Name
M & R SEAFOOD, INC.



Principal Place of Business
**11851 OSPREY WAY
CEDAR KEY, FL 32625**

Mailing Address
**P.O. BOX 840
CEDAR KEY, FL 32625**



03192008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2940349

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**VIELE, MARGARET R
1036 NW 124TH DR
NEWBERRY, FL 32669**

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	VIELE, RICHARD R
STREET ADDRESS	11851 OSPREY WAY
CITY-ST-ZIP	CEDAR KEY, FL
TITLE	VC
NAME	VIELE, MARGARET R
STREET ADDRESS	1036 NW 124TH DR
CITY-ST-ZIP	NEWBERRY, FL 32669
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/08/08-80029-006 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Margaret R Vile
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-08 352-215-3124
Date Daytime Phone #