

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90017 003 \*\*\*150.00

**DOCUMENT # K87677**

1. Entity Name

P & L SEAFOOD, INC.



Principal Place of Business

9900 STIRLING RD STE 240  
COOPER CITY FL 33024

Mailing Address

9900 STIRLING RD STE 240  
COOPER CITY FL 33024

40007146



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

C

Zip

Country

2

6. Name and Address of Current Registrant

PUCCIO, PAT  
9900 STERLING ROAD  
SUITE 240  
COOPER CITY FL 33024

*1-20-05*  
*Regarding Box 11 THE*  
*TITLE + NAME REMAIN*  
*THE SAME AS IT IS IN*  
*BOX 10*  
*ONLY THE STREET ADDRESS*  
*+ CITY CHANGED.*

8. The above named entity submits this statement for the purposes of the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

*THANK YOU*  
*PAT Puccio*

59-2947362

Applied For

Not Applicable

Status Desired ☐

**\$8.75** Additional  
Fee Required

Address of New Registered Agent

Not Acceptable

FL

Zip Code

I am familiar with, and accept

DATE

Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS PUCCIO, PAT 10253 CAPRI ST COOPER CITY FL 33026	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PUCCIO, PAT 10253 CAPRI ST COOPER CITY FL 33026	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PUCCIO, PAT 10253 CAPRI ST COOPER CITY FL 33026	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS PUCCIO, PAT 11240 NW 14 CT PEMBROKE PINES FL 33026	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PUCCIO, PAT 11240 NW 14 CT PEMBROKE PINES FL 33026	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PUCCIO, PAT 11240 NW 14 CT PEMBROKE PINES FL 33026	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*PAT Puccio* *1-20-05* *954 437 6557*