


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90265 001 *2,850.00

DOCUMENT # L00982 1. Entity Name AMERICA'S FAVORITE SEAFOOD, INC.					
Principal Place of Business 200 S ATLANTIC AVE DAYTONA BCH, FL 32118 US			Mailing Address 16313 N. DALE MABRY HWY. SUITE 100 TAMPA, FL 33618		
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 59-2967544	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NELSON, WARREN 16313 NORTH DALE MABRY HWY, STE 100 TAMPA, FL 33618				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VP		TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RITCHEY, JOHN		NAME	LESLIE CHRISTON	
STREET ADDRESS	16313 NORTH DALE MABRY HWY, STE 100		STREET ADDRESS	16313 N. DALE MABRY #100	
CITY-ST-ZIP	TAMPA, FL 33618		CITY-ST-ZIP	TAMPA, FL 33618	
TITLE	VP		TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	NELSON, WARREN R.		NAME	GUY KATHMAN	
STREET ADDRESS	16313 N. DALE MABRY HWY, #100		STREET ADDRESS	16313 N. DALE MABRY #100	
CITY-ST-ZIP	TAMPA, FL		CITY-ST-ZIP	TAMPA, FL 33618	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>Warren R. Nelson</u> 4-9-04 813-961-0944 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>					