

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT # L16019

1. Entity Name
SEAWITCH FISHMARKET, INC.



Principal Place of Business
**179 SOUTHBAY DR
NAPLES, FL 34108 US**

Mailing Address
**179 SOUTHBAY DR
NAPLES, FL 34108 US**



03192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0171692

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PEREIDA, MIRTHA L
740 94TH AVE N.
NAPLES, FL 34108**

**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 Mirtha L. Pereida ^{VOID} Mirtha L. Pereida, Sec/Treasurer 3/19/04
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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BOYETTE, CATHY
STREET ADDRESS	1056 MILANO DR
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	D
NAME	KELLER, ELIZABETH
STREET ADDRESS	6574 TRAIL BLVD
CITY-ST-ZIP	NAPLES, FL
TITLE	DV
NAME	PEREIDA, ROBERTO
STREET ADDRESS	740 94TH AVE N
CITY-ST-ZIP	NAPLES, FL
TITLE	DST
NAME	PEREIDA, MIRTHA
STREET ADDRESS	740 94TH AVE N
CITY-ST-ZIP	NAPLES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000085861
03/25/04-80006-002 150.00

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IN THIS SPACE**

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: Mirtha L. Pereida 3/19/04 239-566-1514
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #