

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91053 036 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000075319

1. Entity Name
MUNSEY'S SEVEN SEAS AQUARIUM INC.



Principal Place of Business
2696 E ATLANTIC BLVD
POMPANO BEACH, FL 33062

Mailing Address
2696 E ATLANTIC BLVD
POMPANO BEACH, FL 33062

24065865

2. Principal Place of Business
2724 E. Atlantic Blvd.
Suite, Apt. #, etc.

3. Mailing Address
2724 E. Atlantic Blvd.
Suite, Apt. #, etc.



04272004 Chg-P CR2E034 (10/03)

City & State
Pompano Beach, FL
Zip
33062
Country
USA

City & State
Pompano Beach, FL
Zip
33062
Country
USA

4. FEI Number
65-1042317
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

YATES, LAYTON M
1621 NE 46TH STREET
POMPANO BEACH, FL 33064

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when resigning)

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 D ☐ Delete
NAME YATES, LAYTON M
STREET ADDRESS 1621 NE 46TH STREET
CITY-ST-ZIP POMPANO BEACH, FL 33064

TITLE D ☐ Delete
NAME HARDY, JENNY L
STREET ADDRESS 1621 NE 46TH STREET
CITY-ST-ZIP POMPANO BEACH, FL 33064

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Layton M. Yates

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04 954 784 3588

Date

Daytime Phone #