

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000095130

1. Entity Name  
THREE FISHERMEN SEAFOOD, INC.



Principal Place of Business  
5100 S CLEVELAND AVE  
314  
FT MYERS, FL 33907

Mailing Address  
5100 S CLEVELAND AVE  
314  
FT MYERS, FL 33907

**FILED**  
**Jul 13, 2005 08:00 AM**  
**Secretary of State**



07102005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1050412

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

D'AGOSTINO, LOUIS D  
821 5TH AVE S, SUITE 201  
NAPLES, FL 34102

**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**  
**Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. - OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BROWNING, PAUL B 11204 BOARDWALK PL FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BROWNING, SARAH V 11204 BOARDWALK PL FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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1000000372556  
07/13/05-80004-022 150.00

**DO NOT WRITE  
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:

*Paul Browning*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/05  
Date

(239) 931-3474  
Daytime Phone #