

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004 8:00 am
Secretary of State

01-08-2004 90053 001 ***150.00

DOCUMENT # P00000103385

1. Entity Name
REGAL MARINE FISHERIES, INC.



Principal Place of Business
**2240 NE 48 ST
LIGHTHOUSE POINT, FL 33064**

Mailing Address
**2736 NE 12 ST.
POMPANO BEACH, FL 33062**



2. Principal Place of Business
2736 N.E. 12 ST
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01052004 Chg-P CR2E034 (10/03)

City & State
POMPANO BEACH FL
Zip
33062 Country
USA

City & State
Zip Country

4. FEI Number
65-1080846 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WHEELER, EDWIN F JR.
2525 NORTHEAST 51ST STREET
LIGHTHOUSE POINT, FL 33064**

7. Name and Address of New Registered Agent

Name
EDWIN F. WHEELER JR
Street Address (P.O. Box Number is Not Acceptable)
2440 N.E. 46 ST
City
LIGHTHOUSE PT. FL Zip Code
33064

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 *Edwin Wheeler* **EDWIN WHEELER**
Signature, typed or printed name of registered agent and title if applicable.

1/5/04
DATE

(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 NAME STREET ADDRESS CITY-ST-ZIP	D WHEELER, EDWIN F JR. 2525 NORTHEAST 51ST STREET LIGHTHOUSE POINT, FL 33064	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WHEELER, EDWIN F 2736 NE 12 ST POMPANO BEACH, FL 33062	<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
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Edwin Wheeler* **EDWIN WHEELER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/04 **954-942-0806**
Date Daytime Phone #