

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000103385**

1. Entity Name  
**REGAL MARINE FISHERIES, INC.**



Principal Place of Business  
**2240 NE 48TH ST.  
POMPANO BEACH, FL 33062**

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

**DO NOT WRITE IN THIS SPACE**



01082006 No Chg-P CR2E034 (1/1/05)

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.  
2240 NE 48TH ST.  
POMPANO BEACH, FL 33062**

**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 Edwin F. Wheeler  
Signature, typed or printed name of registered agent and title (if applicable).

EDWIN F. WHEELER  
(NOTE: Registered Agent's signature required when reinstating)

1-10-06  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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**  
NAME **WHEELER, EDWIN F JR.**  
STREET ADDRESS **2240 N E 48 ST**  
CITY-ST-ZIP **LIGHTHOUSE POINT, FL 33064**

TITLE **ST**  
NAME **WHEELER, EDWIN F**  
STREET ADDRESS **2736 NE 12 ST**  
CITY-ST-ZIP **POMPANO BEACH, FL 33062**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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01/13/06-80025-004 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 F. Wheeler  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWIN F. WHEELER 1/10/06 954-986-6353  
Date Daytime Phone #