

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000101864

1. Entity Name
ST. PETER FISHERIES, INC.



FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90025 049 ***150.00

Principal Place of Business
**PO BOX 1225
PANAMA CITY, FL 32402**

Mailing Address
**PO BOX 1225
PANAMA CITY, FL 32402**



01172006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3750110

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

**SIKES, KELLY H
300 CHERRY ST #6
PANAMA CITY, FL 32401**

**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
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 | DP |
| NAME | SIKES, KELLY H |
| STREET ADDRESS | 300 CHERRY ST #6 |
| CITY - ST - ZIP | PANAMA CITY, FL 32401 |
| TITLE | DP |
| NAME | HANSEN, GOROTHY T |
| STREET ADDRESS | 3406 GOWEN LN |
| CITY - ST - ZIP | PANAMA CITY, FL 32401 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

**DO NOT WRITE
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: *Kelly H. Sikes* **KELLY H. SIKES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-06 (950) 769-8006

Date

Daytime Phone #