

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90036 005 \*\*\*150.00

**DOCUMENT # P01000107107**

1. Entity Name

FANCI SEAFOOD, INC.



Principal Place of Business

MM 22.5 US HWY 1  
CUDJOE KEY FL 33042

Mailing Address

27270 BROWN DR  
RAMROD KEY FL 33042

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 420354

Suite, Apt. #, etc.

City & State

SUMMERLAND KEY FL

Zip

Country

Zip

33042-0354

Country

USA

4. FEI Number

65-1149689

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HOLLOWAY, ROBERT C  
27270 BROWN DR.  
RAMROD KEY FL 33042

7. Name and Address of New Registered Agent

Name

HOLLOWAY ROBERT C

Street Address (P.O. Box Number is Not Acceptable)

22500 OVERSEAS HWY

City

CUDJOE KEY

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

*Robert C. Holloway*

ROBERT C. HOLLOWAY

3/10/06

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME HOLLOWAY, ROBERT C  
STREET ADDRESS 27270 BROWN DR.  
CITY-ST-ZIP RAMROD KEY FL 33042

TITLE V ☒ Delete  
NAME HOLLOWAY, CAROLYN J  
STREET ADDRESS 27270 BROWN DR.  
CITY-ST-ZIP RAMROD KEY FL 33042

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 P ☒ Change ☐ Addition  
NAME HOLLOWAY ROBERT C  
STREET ADDRESS P.O. BOX 420354  
CITY-ST-ZIP SUMMERLAND KEY FL 33042-0354

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 exemptions contained in Section 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: *Robert C. Holloway* ROBERT C. HOLLOWAY 3/10/06 305-745-3887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #