
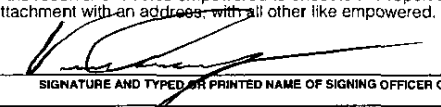


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90029 019 \*\*\*150.00

<b>DOCUMENT # P01000107973</b> 1. Entity Name <b>SILVER HOOK SEAFOOD, INC.</b>					
Principal Place of Business <b>526 CENTRAL AVENUE SUITE 200 ST. PETERSBURG, FL 33701</b>			Mailing Address <b>526 CENTRAL AVENUE SUITE 200 ST. PETERSBURG, FL 33701</b>		
2. Principal Place of Business <b>125 5th Street South</b>		3. Mailing Address <b>125 5th Street South</b>			
Suite, Apt. #, etc. <b>Suite 201</b>		Suite, Apt. #, etc. <b>Suite 201</b>			
City & State <b>St. Petersburg, FL</b>		City & State <b>St. Petersburg, FL</b>			
Zip <b>33701-4111</b>	Country <b>USA</b>	Zip <b>33701-4111</b>	Country <b>USA</b>	4. FEI Number <b>59-3755398</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>OWEN, JR., GEORGE E 144 FIRST AVENUE SOUTH SUITE 500 ST. PETERSBURG, FL 33701</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HERETICK, MICHAEL 3049 BIRMINGHAM BLVD. ORLANDO, FL 32829 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  3619 Seminole Drive Orlando, FL 32812	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HAMMERMAN, THEODORE 704 DOGWOOD AVENUE MYRTLE BEACH, SC 29577 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CARONONGAN, VINCENT S 12645 49TH STREET NORTH CLEARWATER, FL 33762 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERETICK, KEN 526 CENTRAL AVENUE, STE 200 ST. PETERSBURG, FL 33701 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  125 5th Street South - Suite 201 St. Petersburg, FL 33701-4111	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERETICK, PAUL 526 CENTRAL AVENUE, STE 200 ST. PETERSBURG, FL 33701 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  125 5th Street South - Suite 201 St. Petersburg, FL 33701-4111	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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.					
<b>SIGNATURE:</b> 			3-22-04 727-573-5088		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		