2005 FOR PROFIT CORPORATION

CITY - ST - ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SAINT PETERSBURG, FL 337014111

SAINT PETERSBURG, FL 337014111

125 5TH ST. SOUTH, STE. 201

HERETICK, PAUL

Apr 09, 2005 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # P01000107973 1. Entity Name SILVER HOOK SEAFOOD, INC. Principal Place of Business Mailing Address 125 5TH ST. SOUTH 125 5TH ST. SOUTH STE, 201 STE. 201 SAINT PETERSBURG, FL 33701-4111 SAINT PETERSBURG, FL 33701-4111 01062005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3755398 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE OWEN, JR., GEORGE E 144 FIRST AVENUE SOUTH SUITE 500 IN THIS SPACE ST, PETERSBURG, FL 33701 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 agnature required whon reinstaling) Superiure, typed of printed name of reinstered agent and file if anoth abite DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. פח TITLE HERETICK, MICHAEL NAME STREET ADDRESS 3619 SEMINOLE DR. City - ST - ZIP ORLANDO, FL 32812 U00000295902 TITLE 04/09/05-80048-005 150.NO HAMMERMAN, THEODORE NAME STREET ADDRESS 704 DOGWOOD AVENUE CITY-ST-ZIP MYRTLE BEACH, SC 29577 DST CARONONGAN, VINCENT S NAME 12645 49TH STREET NORTH STREET ADDRESS DO NOT WRITE CITY - ST - ZIP CLEARWATER, FL 33762 TITLE IN THIS SPACE HERETICK, KEN MARIE STREET ADDRESS 125 5TH ST. SOUTH, STE, 201

FILED

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes I further certify that the information indicated on this report of 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 chment with an address, with a

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER O