


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000107973		
1. Entity Name SILVER HOOK SEAFOOD, INC.		
Principal Place of Business 125 5TH ST. SOUTH STE. 201 SAINT PETERSBURG, FL 33701-4111	Mailing Address 125 5TH ST. SOUTH STE. 201 SAINT PETERSBURG, FL 33701-4111	



01142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3755398	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**OWEN, JR., GEORGE E
144 FIRST AVENUE SOUTH
SUITE 500
ST. PETERSBURG, FL 33701**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000879961
04/15/08-80041-008 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HERETICK, MICHAEL 3619 SEMINOLE DR. ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HAMMERMAN, THEODORE 704 DOGWOOD AVENUE MYRTLE BEACH, SC 29577
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CARONONGAN, VINCENT S 12645 49TH STREET NORTH CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERETICK, KEN 125 5TH ST. SOUTH, STE. 201 SAINT PETERSBURG, FL 337014111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERETICK, PAUL 125 5TH ST. SOUTH, STE. 201 SAINT PETERSBURG, FL 337014111
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #