

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90051 013 ***150.00

DOCUMENT # P01000109652

1. Entity Name
LEE COUNTY FISHERMAN'S COOPERATIVE, INC.



Principal Place of Business
6001 MARIA DR.
ST. JAMES CITY, FL 33956

Mailing Address
6001 MARIA DR.
ST. JAMES CITY, FL 33956

54009240



01152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1667750

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATRICK, JOHN
5264 FLAMINGO DR.
ST. JAMES CITY, FL 33956

**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

John Patrick President

1-28-4

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------------|
| TITLE | PS |
| NAME | PATRICK, JOHN |
| STREET ADDRESS | 6001 MARIA DR. |
| CITY-ST-ZIP | ST. JAMES CITY, FL 33956 |
| TITLE | VT |
| NAME | GERZ, KIM |
| STREET ADDRESS | 6001 MARIA DR. |
| CITY-ST-ZIP | ST. JAMES CITY, FL 33956 |
| TITLE | O Futch, Harold |
| NAME | |
| STREET ADDRESS | 6001 Maria Drive |
| CITY-ST-ZIP | St James City, FL 33956 |
| TITLE | O Futch, Franklin |
| NAME | |
| STREET ADDRESS | 6001 Maria Drive |
| CITY-ST-ZIP | St. James City, FL 33956 |
| TITLE | O Futch, Gary |
| NAME | |
| STREET ADDRESS | 6001 Maria Drive |
| CITY-ST-ZIP | St James city, FL 33956 |
| TITLE | O Spearing, Charles |
| NAME | |
| STREET ADDRESS | 6001 Maria Drive |
| CITY-ST-ZIP | St James City FL 33956 |

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IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

239-283-1173

Officers and directors contd

Attachment - PO1000109652

54009240

title - O

Name - Cutinha, Roy

Address - 6001 Maria Drive

City-ST-Zip- St James City, FL 33956

title - O

Name - McClenithan, Norman

Address - 6001 Maria Drive

City-ST-Zip- St James City, FL 33956