2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000115939

1. Entity Name
MY WAY SEAFOOD, INC.

Principal Place of Business	Mailing Address
PO BOX 586	PO BOX 586
HIGHWAY 98	HIGHWAY 98
PANACEA, FL 32346	PANACEA, FL 32346

01122005   No Chg-P   CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-3758845	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LOGAN, DEBRA
1249 COASTAL HWY
PANACEA, FL 32346

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7. 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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	LOGAN, DEBRA
STREET ADDRESS	PO BOX 586
CITY-ST-ZIP	PANACEA, FL 32346

TITLE	D
NAME	THOMAS, ISAAC E
STREET ADDRESS	PO BOX 586
CITY-ST-ZIP	PANACEA, FL 32346

TITLE	D
NAME	THOMAS, CHRISTOPHER J
STREET ADDRESS	PO BOX 586
CITY-ST-ZIP	PANACEA, FL 32346

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Deborah Logan_ Deborah Logan 1-26-05 850984-0164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #