


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000000243</b>		
1. Entity Name LEFT COAST SEAFOOD CO.		
Principal Place of Business 750 US 41 BYPASS N VENICE, FL 34285	Mailing Address 750 US 41 BYPASS N VENICE, FL 34285	



01112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 26-0000343	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	<b>DO NOT WRITE IN THIS SPACE</b>
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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 file if applicable (NOTE: Registered Agent signature required when reappointing) 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

U00000309697

04/16/05-80046-023 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LELAND, ROBERT J 442 NORTH TAMiami TRAIL OSPREY, FL 34229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARBUCKLE, NANCY 442 NORTH TAMiami TRAIL OSPREY, FL 34229
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**DO NOT WRITE 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)(f), 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

4/14/2005  
Date

Daytime Phone #