2005 FOR PROFIT CORPORATION

Mar 17, 2005 08:00 AM **ANNUAL REPORT Secretary of State DOCUMENT # P02000122780** PEACE RIVER PRODUCE & SEAFOOD MARKET CORP. Mailing Address Principal Place of Business 5337 DUNCAN ROAD 5337 DUNCAN ROAD PUNTA GORDA, FL 33982 PUNTA GORDA, FL 33982 CR2E034 (10/03) 02232005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 90-0053106 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BEALL, KELLY DO NOT WRITE 5337 DUNCAN ROAD PUNTA GORDA, FL 33982 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, typeg or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. D TITLE NAME BEALL, KELLY G STREET ADDRESS 5337 DUNCAN ROAD CITY-ST-ZIP PUNTA GORDA, FL 33982 -- U00000266786 03/17/05-80044-006 150.00 D TITLE BEALL, JAMES A NAME 5337 DUNÇAN ROAD STREET ADDRESS CITY-SY-ZIP PUNTA GORDA, FL 33982 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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: AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #

FILED