

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90752 020 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000063545

1. Entity Name
 IDEAL SEAFOOD MARKET INC.



Principal Place of Business
 1272 BLUEBERRY CT.,
 PH
 ALTAMONTE SPRINGS, FL 32714

Mailing Address
 PO BOX 163245
 ALTAMONTE SPRINGS, 32716



2. Principal Place of Business

2550 W. COLONIAL DR

3. Mailing Address

Suite, Apt. #, etc.

SUITE 100

Suite, Apt. #, etc.

City & State
ORLANDO, FL

City & State

Zip
32804Country
ORANGE

Zip

Country

04292004

Chg-P

CR2E034 (10/03)

4. FEI Number

03 0521983

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

KELLY, JOHN A
 1272 BLUEBERRY CT.
 PH
 ALTAMONTE SPRINGS, FL 32714

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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 P ☐ Delete
 NAME KELLY, JOHN A
 STREET ADDRESS 1272 BLUEBERRY CT.,
 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE VP ☐ Delete
 NAME KELLY, JOYCE V
 STREET ADDRESS 966 SOUTHRIDGE TRAIL
 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE DIR ☐ Delete
 NAME DAWKINS, PATRICIA
 STREET ADDRESS 1272 BLUEBERRY CT.
 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

JOHN KELLY PRES.

4-29-04 407 423-0800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #