2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # P03000063545

1. Entity Name
IDEAL SEAFOOD MARKET INC.

Principal Place of Business	Mailing Address
2550 W COLONIAL DRIVE STE 100 ORLANDO, FL 32804	PO BOX 163245 ALTAMONTE SPRINGS, 32716

DO NOT WRITE IN THIS SPACE

04232007 No Chg-P CR2E034 (11/05)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when executing)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

U00000748102
05/17/07-80054-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KELLY, JOHN A
STREET ADDRESS	1272 BLUEBERRY CT.
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	VP
NAME	KELLY, JOYCE V
STREET ADDRESS	966 SOUTHRIDGE TRAIL
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	T
NAME	DAWKINS, PATRICIA
STREET ADDRESS	1272 BLUEBERRY CT.
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Chapter 119, 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: _____ 4-26-07 407 423-0800
SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #