## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000063545

Entity Name: IDEAL SEAFOOD MARKET INC.

**FILED** Apr 28, 2008 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

2550 W COLONIAL DRIVE STE 100 2550 W. COLONIAL DRIVE ORLANDO, FL 32804

SUITE 100

ORLANDO., FL 32804

**Current Mailing Address: New Mailing Address:** 

PO BOX 163245 PO BOX 163245

ALTAMONTE SPRINGS, FL 32716 ALTAMONTE SPRINGS, 32716

FEI Number: 03-0521983 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KELLY, JOHN A 1272 BLUEBERRY CT.

ALTAMONTE SPRINGS, FL 32714 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition

KELLY, JOHN A KELLY, JOHN A Name: Name: 1272 BLUEBERRY CT.. 1272 BLUEBERRY CT. Address: Address:

City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VΡ Title: VΡ () Delete (X) Change ( ) Addition

KELLY, JOYCE V Name: Name: DAWKINS, PATRICIA 966 SOUTHRIDGE TRAIL 1272 BLUEBERRY CT. Address: Address:

ALTAMONTE SPRINGS, FL 32714 ALTAMONTE SPRINGS, FL 32714 City-St-Zip: City-St-Zip:

Title: Title: (X) Delete () Change () Addition

DAWKINS, PATRICIA Name: Name: 1272 BLUEBERRY CT Address: Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: JOHN A. KELLY 04/28/2008