

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90084 026 \*\*\*150.00

**DOCUMENT # P03000089310**

1. Entity Name

OFFSHORE EDIBLES, INC.



Principal Place of Business

3717 BENEVA OAKS WAY  
SARASOTA FL 34238

Mailing Address

3717 BENEVA OAKS WAY  
SARASOTA FL 34238

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

EIN 20-0166382

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BUCKMAN & BUCKMAN, P.A.  
1800 2 ST STE 715  
SARASOTA FL 34236

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME PILTZ, WILLIAM J

STREET ADDRESS 2363 12 ST

CITY-ST-ZIP SARASOTA FL 34237

TITLE ☐ Delete

NAME RIETOW, RON

STREET ADDRESS 2473 W MILLMAR DR

CITY-ST-ZIP SARASOTA FL 34237

TITLE ☐ Delete

NAME BUCKMAN, AMIEE R

STREET ADDRESS 1800 2 ST STE 715

CITY-ST-ZIP SARASOTA FL 34236

TITLE ☐ Delete

NAME BUCKMAN, Y DRAKE II

STREET ADDRESS 1800 2 ST STE 715

CITY-ST-ZIP SARASOTA FL 34236

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

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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)(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:**

*Ronald Rietow*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/04 941-586-6883

PO3000089310

BUISNESS IS NOT  
UP + RUNNING YET  
WE HAVE NO  
EMPLOYEES  
WAITING ON LICENSES

THANK  
YOU

Don Richter