2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000089310

1. Entity Name
OFFSHORE EDIBLES, INC.

Principal Place of Business	Mailing Address
3717 BENEVA OAKS WAY SARASOTA, FL 34238	3717 BENEVA OAKS WAY SARASOTA, FL 34238

DO NOT WRITE IN THIS SPACE

01032005 No Chg-P CR2E034 (10/03)

4. FEI Number
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

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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.

No change.

SIGNATURE _____ 5-23-05 No change!
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	PILTZ, WILLIAM J
STREET ADDRESS	2363 12 ST
CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	P
NAME	RIETOW, RON
STREET ADDRESS	2473 W MILLMAR DR
CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	T
NAME	BUCKMAN, AMIEE R
STREET ADDRESS	1800 2 ST STE 715
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	S
NAME	BUCKMAN, Y DRAKE II
STREET ADDRESS	1800 2 ST STE 715
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/31/05-80012-013 550.00

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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: _____ 5-23-05 (941) 906-7374
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #