


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90008 006 ***150.00

DOCUMENT # P03000094370	
1. Entity Name TWO CAPTAINS SEAFOOD, INC.	

Principal Place of Business 3899 ULMERTON RD. CLEARWATER, FL 33762	Mailing Address 3899 ULMERTON RD. CLEARWATER, FL 33762
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44010746

2. Principal Place of Business 110 SOUTH 11TH ST	3. Mailing Address P.O. Box 20053
Suite, Apt. #, etc.	Suite, Apt. #, etc.



01232004 Chg-P CR2E034 (10/03)

City & State TAMPA FL	City & State TAMPA FL
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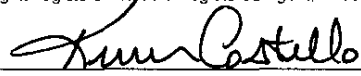
4. FEI Number 542121399	Applied For <input type="checkbox"/> Not Applicable
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Zip 33602	Country USA	Zip 33622	Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent COSTELLO-KEVIN-W 3899 ULMERTON RD. CLEARWATER, FL 33762	
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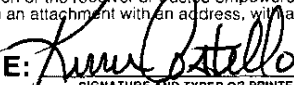
7. Name and Address of New Registered Agent Name KEVIN Costello Street Address (P.O. Box Number is Not Acceptable) 110 SOUTH 11TH ST City TAMPA FL Zip Code 33602	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE KEVIN Costello  DATE 2-7-04	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COSTELLO, KEVIN W 8907 CITRUS VILLAGE DR TAMPA, FL 33634 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLESS, REED 9729 TIFFANY OAKS TAMPA, FL 33612 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  KEVIN Costello	Date 2-7-04 Daytime Phone # 813-221-0801



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

January 23, 2004

TWO CAPTAINS SEAFOOD, INC.
110 SOUTH 11TH STREET
TAMPA, FL 33602

SUBJECT: TWO CAPTAINS SEAFOOD, INC.
Ref. Number: P03000094370

~~We have received your document for TWO CAPTAINS SEAFOOD, INC. and~~
check(s) totaling \$150.00. However, your check(s) and document are being
returned for the following:

Although you attempted to file your annual report form online, you did not
successfully complete the process. Therefore, we are returning the enclosed
check along with an annual report form for you to complete. Please return the
completed form and check to this office for processing.

Please return your document, along with a copy of this letter, within 60 days or
your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call
(850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 804A00004268