2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000111749

FILED Apr 22, 2004 Secretary of State

Entity Name: UNION OF FLORIDA FLORIDA COMMERCIAL FISHERMEN, INC.

Current Principal Place of Business: New Principal Place of Business: 3539 APALACHEE PKWY #159 TALLAHASSEE, FL 32311 **Current Mailing Address: New Mailing Address:** 3539 APALACHEE PKWY #159 TALLAHASSEE, FL 32311 FEI Number: 06-1720985 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: MONTGOMERY, ANTIGONE E 3539 APALACHÉE PKWY #159 TALLAHASSEE, FL 32311 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 () Change () Addition MONTGOMERY, ANTIGONE E Name: Name: 3539 APALACHEE PKWY #159 Address: Address: City-St-Zip: TALLAHASSEE, FL 32311 City-St-Zip: Title: Title: () Change () Addition () Delete HAJDUCEK, A.W. Name: Name: 3539 APALACHEE PKWY #159 Address: Address: TALLAHASSEE, FL 32311 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: ANTIGONE E. MONTGOMERY CEO 04/22/2004