2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000111749

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

FILED

05 MAR 17 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3539 APALACHEE PKWY #159	3539 APALACHEE PKWY #159
TALLAHASSEE, FL 32311	TALLAHASSEE, FL 32311

03172005   Chg-P   CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number
06-1720985
☐ Applied For
☐ Not Applicable

Zip	Country	Zip	Country

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MONTGOMERY, ANTIGONE E 3539 APALACHEE PKWY #159 TALLAHASSEE, FL 32311	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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	MONTGOMERY, ANTIGONE E		NAME			
STREET ADDRESS	3539 APALACHEE PKWY #159		STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32311		CITY-ST-ZIP			

TITLE	V	☒ Delete	TITLE	DIRECTOR	☐ Change	☒ Addition
NAME	HAJDUCEK, A.W.		NAME	VONA, MICHAEL A.		
STREET ADDRESS	3539 APALACHEE PKWY #159		STREET ADDRESS	3539 APALACHEE PKWY #159		
CITY-ST-ZIP	TALLAHASSEE, FL 32311		CITY-ST-ZIP	TALLAHASSEE, FL 32311		

TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME	80004907808		
STREET ADDRESS			STREET ADDRESS	03/24/05--01005--019 **211.25		
CITY-ST-ZIP			CITY-ST-ZIP			

TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			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: _____   3/17/05   850-933-1357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #