2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000131494

1. Entity Name
FLORIDA LIVE SEAFOOD DISTRIBUTORS, INC.

54055280

Principal Place of Business	Mailing Address
1301 TYLER AVENUE SPRING HILL, FL 34606	1301 TYLER AVENUE SPRING HILL, FL 34606

2. Principal Place of Business	3. Mailing Address
	4116 LAMSON AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State SPRING HILL FL
Zip / Country	Zip 34608 / Country USA

05172004   Chg-P   CR2E034 (10/03)

4. FEI Number 20-0407863   Applied For / Not Applicable

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
GIESE, STEVEN M 1301 TYLER AVENUE SPRING HILL, FL 34606	Name JOHN J FRANKLIN JR Street Address (P.O. Box Number is Not Acceptable) 4116 LAMSON AVE City SPRING HILL FL Zip Code 34608

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 _____   JOHN J FRANKLIN JR

Signature typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE 5/17/04

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees   In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PSTD NAME GIESE, STEVEN M STREET ADDRESS 1301 TYLER AVENUE CITY-ST-ZIP SPRING HILL, FL 34606		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: _____   STEVEN GIESE   5/17/04

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