

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90203 003 ***158.75

DOCUMENT # P04000015917

1. Entity Name
HULL'S SEAFOOD TAKE-OUT, INC.



Principal Place of Business
**111 W. GRANADA BLVD.
ORMOND BEACH, FL 32175**

Mailing Address
**P.O. BOX 1674
ORMOND BEACH, FL 32174**



03162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 35-2224187	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MCKINNON, NOAH C JR
595 W. GRANADA BLVD
SUITE A
ORMOND BEACH, FL 32174**

DO NOT WRITE IN THIS SPACE

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 _____ (NOT) Applicable (required when resigning) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HULL, JAMES G JR 111 W. GRANADA BLVD ORMOND BEACH FL 32175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Hull, Denise 111 W. GRANADA Blvd ORMOND Beach, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information submitted in this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true, correct, 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; that the individual named is authorized 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 to this report.

SIGNATURE: *James G. Hull* **James G. Hull** 4/19/06 386-677-1511

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone: _____