2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000111774

Entity Name: PATRON SEAFOOD, INC.

FILED Mar 31, 2005 Secretary of State

Entity Name: FATRON SEAFOOD, INC.			
Current Principal Place of Business:		New Principal Place of Business:	
1300 MAIN ST. FT. MYERS BCH, FL	. 33932		
Current Mailing Address:		New Mailing Address:	
P. O. BOX 6189 FT. MYERS BCH, FL	. 33932		
FEI Number: 20-1465717	FEI Number Applied For () FEI No	nber Not Applicable () Certi	ficate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:			
12670 NEW BRITTANY BLVD., SUITE 101		GALA, CHRISTINE 7227 HENDRY CREEK DRIVE FORT MYERS, FLORIDA, FL 33908 US	
The above named en in the State of Florida	tity submits this statement for the purpose	f changing its registered office o	or registered agent, or both,
SIGNATURE: CHRI	STINE GALA		03/31/2005
Elec	tronic Signature of Registered Agent		Date
Election Campaign Final	ncing Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	() Delete	Title: PD () Chang Name: HENDERSON, RANEL Address: 21251 CARTER ROAD City-St-Zip: ESTERO, FL 33920	
Title: Name: Address: City-St-Zip:	() Delete	Title: VP () Change Name: GALA, GEORGE Address: 7227 HENDRY CREEI City-St-Zip: FORT MYERS, FL 33	
Title: Name: Address: City-St-Zip:	() Delete	Title: T () Chang Name: HENDERSON, DENNI Address: 21251 CARTER ROAL City-St-Zip: ESTERO, FL 33920	
Title: Name: Address: City-St-Zip:	() Delete	Title: SD () Chang Name: GALA, CHRISTINE Address: 7227 HENDRY CREEI City-St-Zip: FORT MYERS, FL 33	

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: CHRISTINE GALA SD 03/31/2005