

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2007 8:00 am
Secretary of State

02-09-2007 90028 043 ***150.00

DOCUMENT # P05000009436

1. Entity Name
SOUTH BEACH SEAFOOD, INC.



Principal Place of Business
**499 EAST PALMETTO ROAD
SUITE 228
BOCA RATON, FL 33432**

Mailing Address
**P.O. BOX
1738
ATLANTA, GA 30324-4887 US**

DO NOT WRITE IN THIS SPACE



01232007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-2135753

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 _____

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, 2007 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
PEARCE, DAVID
1144 WEST GRIFFIN ROAD
LAKELAND, FL 33805**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CD
WATKINS, GEORGE
1144 WEST GRIFFIN ROAD
LAKELAND, FL 33805**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
WATKINS, JOHN
1144 WEST GRIFFIN ROAD
LAKELAND, FL 33805**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
SMITH, EDWARD
1144 WEST GRIFFIN ROAD
LAKELAND, FL 33805**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
READY, GEORGE
1958 MONROE DR., NE
ATLANTA, GA 30324**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
WATKINS, MICHAEL
1958 MONROE DR., NE
ATLANTA, GA 30324**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/07

863-687-4411