

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Aug 22, 2006 8:00 am
Secretary of State

08-14-2006 90040 048 ***150.00

DOCUMENT # P05000011754 1. Entity Name SEAFRESH SEAFOOD OF PANAMA CITY BEACH, INC.			
Principal Place of Business 9527 CLARENCE STREET PANAMA CITY BEACH, FL 32407		Mailing Address 9527 CLARENCE STREET PANAMA CITY BEACH, FL 32407	
2. Principal Place of Business 11040 Hutchison Blvd. Suite, Apt. #, etc.		3. Mailing Address 11040 Hutchison Blvd. Suite, Apt. #, etc.	
City & State Panama City Beach, FL Zip 32407 Country Bay		City & State Panama City Beach, FL Zip 32407 Country Bay	
4. FEI Number 20-214 8816		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBERTS, WILLIAM 228 SAN GABRIEL STREET PANAMA CITY BEACH, FL 32413		7. Name and Address of New Registered Agent --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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when recontacting)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ROBERTS, WILLIAM 228 SAN GABRIEL STREET PANAMA CITY BEACH, FL 32413 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CENTANNI, ROY 9527 CLARENCE STREET PANAMA CITY BEACH, FL 32407 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>William Roberts</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>8/10/06</u> Daytime Phone # <u>850-234-3836</u>	

ATTACHMENT

66023371

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I received this after
May 1st. Please waive
the penalty.