


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P05000040197 1. Entity Name PARK'S SEAFOOD RIVERSIDE, INC.	
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Principal Place of Business 1112 RIVERSIDE DR HOLLY HILL, FL 32117	Mailing Address 1112 RIVERSIDE DR HOLLY HILL, FL 32117
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**DO NOT WRITE IN THIS SPACE**



02162008 No Chg-P CR2E034 (11/05)

4. FEI Number 54-2169755	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

WATKINS, JOLYNN  
 1112 RIVERSIDE DR  
 HOLLY HILL, FL 32117

**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: JOLYNN WATKINS, President DATE: 4/20/08

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, 2008 Fee will be \$550.00**

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

U00000934558  
 05/23/08 88037 017 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO. WATKINS, JOLYNN 1112 RIVERSIDE DRIVE HOLLY HILL, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WATKINS, HUGH T 1112 RIVERSIDE DR HOLLY HILL, FL 32117
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**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: Jolynn Watkins, Jolynn WATKINS / 4/20/08 / 386 258 7372

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