

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90017 017 ***150.00

DOCUMENT # P93000082214 1. Entity Name LYNN'S COMMERCIAL FISHING, INC.																			
Principal Place of Business ABOUD BOAT CAPE CANAVERAL, FL 32920		Mailing Address P.O. BOX 1032 CAPE CANAVERAL, FL 32920																	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 1522 Suite, Apt. #, etc.																	
City & State St Augustine, FL Zip 32085		City & State St Augustine, FL Zip 32085																	
4. FEI Number 59-3212224		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 KING, C L SEAFOOD ATLANTIC 520 GLEN CREEK DR. CAPE CANAVERAL, FL 32920		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Seafood Shoppe 150 Riberia St City St Augustine FL Zip Code 32085																	
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: <i>C. Lynn King</i> (NOTE: Registered Agent signature required when reappointing) DATE: 1/7/04																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE PVST </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 2px;"> NAME KING, C L </td> <td></td> </tr> <tr> <td style="padding: 2px;"> STREET ADDRESS SEAFOOD ATLANTIC, 520 GLEN CREEK DR. </td> <td></td> </tr> <tr> <td style="padding: 2px;"> CITY-ST-ZIP CAPE CANAVERAL, FL 32920 </td> <td></td> </tr> </table>		TITLE PVST	<input type="checkbox"/> Delete	NAME KING, C L		STREET ADDRESS SEAFOOD ATLANTIC, 520 GLEN CREEK DR.		CITY-ST-ZIP CAPE CANAVERAL, FL 32920		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> <td></td> </tr> <tr> <td style="padding: 2px;"> NAME Seafood Shoppe, 150 Riberia St </td> <td></td> </tr> <tr> <td style="padding: 2px;"> STREET ADDRESS St Augustine, FL 32085 </td> <td></td> </tr> <tr> <td style="padding: 2px;"> CITY-ST-ZIP St Augustine, FL 32085 </td> <td></td> </tr> </table>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		NAME Seafood Shoppe, 150 Riberia St		STREET ADDRESS St Augustine, FL 32085		CITY-ST-ZIP St Augustine, FL 32085	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>C. Lynn King</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 1/7/04 Daytime Phone #																	