

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000032821

1. Entity Name
GORE SEAFOOD, INC.



Principal Place of Business
**221 PRIMO DR
FORT MYERS BEACH, FL 33931**

Mailing Address
**221 PRIMO DR
FORT MYERS BEACH, FL 33931**



01182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0485712** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GORE, TRACEY A
221 PRIMO DRIVE
FORT MYERS BEACH, FL 33919**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **GORE, HENRY H.**
STREET ADDRESS **221 PRIMO**
CITY-ST-ZIP **FORT MYERS BEACH, FL 33931**

TITLE **VPST**
NAME **GORE, TRACEY A**
STREET ADDRESS **221 PRIMO DRIVE**
CITY-ST-ZIP **FORT MYERS BEACH, FL 33931**

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1100000216569
02/05/05-80053-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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 another like empowered.

SIGNATURE: **X**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-05 239-463-1714
Date Daytime Phone #