


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000079118</b>	
1. Entity Name TOMMY CAI SEAFOOD MARKET INC.	

Principal Place of Business 1103 W. 15TH STREET PANAMA CITY, FL 32401	Mailing Address 1103 W 15TH ST PANAMA CITY, FL 32401 US
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**DO NOT WRITE IN THIS SPACE**



04112005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3275437	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CAI, TOMMY  
2545 LIENBY AVE  
PANAMA CITY, FL 32405

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, by printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when terminating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	VPT CAI, TOMMY 1103 W. 15TH STREET PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY ST ZIP	VP TRANG, NHAN 1103 W. 15TH STREET PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY ST ZIP	S HOWELL, ANN 1103 W. 15TH STREET PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY ST ZIP	P CAI, THANH H 2545 LIENBY AVENUE PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	

**DO NOT WRITE IN THIS SPACE**

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04/14/05-80015-006 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 its 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 I am empowered

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-2005 850 785-2960