

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90050 011 \*\*\*150.00

**DOCUMENT # P95000015815**

1. Entity Name  
**CHASIN TAIL SEAFOOD, INC.**



Principal Place of Business      Mailing Address  
**3536 UNIQUE CIRCLE**      **3536 UNIQUE CIRCLE**  
**FORT MYERS, FL 33908**      **FORT MYERS, FL 33908**

2. Principal Place of Business      3. Mailing Address  
**1248 Nimitz Blvd.**      **1248 Nimitz Blvd.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Lehigh Acres, FL**      **Lehigh Acres, FL**  
 Zip      Country      Zip      Country  
**33936**      **USA**      **33936**      **USA**



6. Name and Address of Current Registered Agent  
**COHEN, ROBERT**  
**3536 UNIQUE CIR.**  
**FT. MYERS, FL 33908**

7. Name and Address of New Registered Agent  
 Name **Cohen, Robert**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1248 Nimitz Blvd.**  
 City **Lehigh Acres**      **FL**      Zip Code **33936**

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

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

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

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>COHEN, ROBERT</b>
STREET ADDRESS	<b>3536 UNIQUE CIRCLE</b>
CITY-ST-ZIP	<b>FT. MYERS, FL 33908</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Robert Cohen      Date: 3-14-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #