

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 15, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # P96000024986**

**1. Entity Name**  
SEAFOOD GALORE, INC.



**Principal Place of Business**  
1589 ATLANTIC BLVD  
NEPTUNE BEACH, FL 32266 US

**Mailing Address**  
4855 MOTOR YACHT DRIVE  
JACKSONVILLE, FL 32225



04092005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
59-3366550

**Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

CLANCE, WAYNE D ESQ.  
6353-2 ARGYLE FOREST BLVD.  
JACKSONVILLE, FL 32244

**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**

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, 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** P  
**NAME** JACK, MELINDY A P  
**STREET ADDRESS** 4855 MOTOR YACHT DRIVE  
**CITY-ST-ZIP** JACKSONVILLE, FL 32225

**TITLE** O  
**NAME** PETERS, STEVEN V  
**STREET ADDRESS** 228 STERLING HILL DRIVE  
**CITY-ST-ZIP** JACKSONVILLE, FL 32225

**TITLE** O  
**NAME** LITTLE, SAM L T  
**STREET ADDRESS** 9600 TOUCHTON RD.  
**CITY-ST-ZIP** JACKSONVILLE, FL 32245

**TITLE** O  
**NAME** JACKSON, ERRICK B S  
**STREET ADDRESS** 8039 RAM GATE  
**CITY-ST-ZIP** JACKSONVILLE, FL 32209

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

000000307440  
04/15/05-80056-004 150.00

**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 all other like empowered.**

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

4-09-05 904-241-7400  
Date Daytime Phone #