

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91223 010 ***150.00

DOCUMENT # P96000090043

1. Entity Name

CEDAR CREEK SHELLFISH FARMS, INC.



Principal Place of Business

859 POMPANO AVENUE
NEW SMYRNA BEACH FL 32169

Mailing Address

846 DOLPHIN AVE.
NEW SMYRNA BCH. FL 32169

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3411169

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SULLIVAN, MICHAEL J
846 DOLPHIN AVE
NEW SMYRNA BEACH FL 32169

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BOLLMAN, JOHN A III	
STREET ADDRESS	859 POMPANO AVENUE	
CITY - ST - ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	D	<input type="checkbox"/> Delete
NAME	SULLIVAN, MICHAEL J	
STREET ADDRESS	846 DOLPHIN AVE	
CITY - ST - ZIP	NEW SMYRNA BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANDERSEN, WILLIAM C	
STREET ADDRESS	134 HERNANDEZ AVENUE	
CITY - ST - ZIP	PALM COAST FL 32137	
TITLE	P	<input type="checkbox"/> Delete
NAME	BOLLMAN, JOHN A	
STREET ADDRESS	859 POMPANO AVE	
CITY - ST - ZIP	NEW SMYRNA BEACH FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SULLIVAN, MICHAEL	
STREET ADDRESS	846 DOLPHIN AVE	
CITY - ST - ZIP	NEW SMYRNA BEACH FL	
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	Sullivan, Michael	
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	Sullivan Michael	
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: *Michael J. Sullivan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL J. SULLIVAN

SEC/TREAS

Date

2-28-4

Daytime Phone #

386-426-0113