


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000042039 1. Entity Name WEST COAST SEAFOOD MARKET, INC.	
---	---

Principal Place of Business 510 NE WALDO ROAD GAINESVILLE, FL 32641	Mailing Address 510 NE WALDO ROAD GAINESVILLE, FL 32641
---	---



02042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3452555	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 GRIFFIS, VIRGIL 510 NE WALDO ROAD GAINESVILLE, FL 32641
--

**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 _____

**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 NAME STREET ADDRESS CITY - ST - ZIP	P GRIFFIS, VIRGIL 510 NE WALDO ROAD GAINESVILLE, FL 32641
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GRIFFIS, BETTY 510 NE WALDO ROAD GAINESVILLE, FL 32641
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

100000232464
02/17/05-80002-013 150.00

**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)(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 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:  2-16-05 352 378-8119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #