2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Mar 09, 2005 08:00 AM Secretary of State DOCUMENT # P970000871177 1. Entity Name C & H BAIT SHRIMPING, INC. Principal Place of Business Mailing Address 375 ROOSEVELT BLVD 375 ROOSEVELT BLVD TARPON SPRINGS FL 34691 TARPON SPRINGS FL 34691 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 59-3469605 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOREIRA, CARLOS M 375 ROOSEVELT BLVD Street Address (P.O. Box Number is Not Acceptable) TARPON SPRINGS FL 34691 City 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 | am familiar with, and accept the obligation s of registered agent. SIGNATURE (NOTE Registered Agent signature required when reinstating) soistered agent and title if appli FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DILE 🗀 Delete TITE Change Addition NAME MOREIRA, CARLOS M NAME STREET ADDRESS 375 ROOSEVELT BLVD STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS FL 34691 CITY-ST-ZIP TITLE ☐ Delete □ Change Addition U00000256555 MOREIRA, HEIDI D NAME NAME 03/09/05-80020-008 150.no STREET ADDRESS 375 ROOSEVELT BLVD STREET ADDRESS City-ST-7IP TARPON SPRINGS FL 34691 CITY-ST-ZIP TITLE Delete गास ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST-ZIP THLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(1), 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.