FILED
Apr 20, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000010361

1. Entity Name
GENE'S SEAFOOD OF LAKEWOOD, INC.

Principal Place of Business	Mailing Address
1571 UNIVERSITY BLVD. W. #395 JACKSONVILLE, FL 32217	1571 UNIVERSITY BLVD. W. #395 JACKSONVILLE, FL 32217

DO NOT WRITE IN THIS SPACE

04162005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3490157
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RADY, THOMAS L
1571 UNIVERSITY BLVD. W.
JACKSONVILLE, FL 32217

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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 date required. (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	P
NAME	RADY, MITCHELL
STREET ADDRESS	1721 SEABREEZE AV
CITY-ST-ZIP	JAX BCH, FL 32225
TITLE	V
NAME	RADY, THOMAS
STREET ADDRESS	527 DAVIS STREET
CITY-ST-ZIP	NEP BCH, FL 32266
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	

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04/20/05-80013-012 150.00

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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: _____ 4-15-05 904-245-9905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #