

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 JUN -9 AM 11:26

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P98000061230

1. Entity Name
TODAY'S FRESH CATCH, INC.



Principal Place of Business
4169 LAMSON AVE
103
SPRING HILL, FL 34608

Mailing Address
4169 LAMSON AVE
103
SPRING HILL, FL 34608



2. Principal Place of Business

3. Mailing Address

4169 LAMSON AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03272003

Chg-P

CR2E034 (10/03)

City & State

City & State

SPRING HILL

4. FEI Number

65-0852902

Applied For

Not Applicable

Zip

Country

Zip

Country

34608 USA

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

KLINGENSMITH, THOMAS G
18824 BASCOMB AVE
HUDSON, FL 34667

Name
STEVEN M GIESE

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

4169 LAMSON AVE

City
SPRING HILL FL

Zip Code

34608

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KLINGENSMITH, THOMAS G
18824 BASCOMB AVE
HUDSON, FL 34667 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
STEVEN M. GIESE
1301 TYLER AVE
SPRING HILL FL 34608 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPS
GIESE, DEBORAH
1301 TYLER AVE
SPRING HILL, FL 34606 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
700037846947
06/10/04--01053--016 **\$61.25

TITLE
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☐ Change ☐ Addition

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 fees empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #