2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000076041

1. Entity Name
MAHONEY SEAFOOD PRODUCTS, INC.

Principal Place of Business	Mailing Address
6275 PINE AVE. ORANGE PARK, FL 32003	6275 PINE AVE. ORANGE PARK, FL 32003

DO NOT WRITE IN THIS SPACE

04142005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3531486	Not Applicable

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

6. Name and Address of Current Registered Agent

MAHONEY, JOSEPH J
6275 PINE AVENUE
ORANGE PARK, FL 32003

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_____
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, 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	PVST
NAME	MAHONEY, JOSEPH J
STREET ADDRESS	6275 PINE AVENUE
CITY-ST-ZIP	ORANGE PARK, FL 32003

TITLE	D
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STREET ADDRESS	6275 PINE AVENUE
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00000309213
04/16/05-80028-016 150.00

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-05
Date

904-860-0465
Daytime Phone #