DOCUMENT # P98000076041

1. Entity Name

Mahoney Seafood Products, Inc.

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FILED

11 MAY 23 PM 12: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034B (1/11)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6275 Pine Avenue	6275 Pine Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fleming Island, FL	City & State: Fleming Island, FL
Zip: 32003 Country: United States	Zip: 32003 Country: United States

4. FEI Number: 59-3531486 — Applied For / Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Joseph Mahoney

Street Address (P.O. Box Number is Not Acceptable): 6275 Pine Avenue

City: Fleming Island FL Zip Code: 32003

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: X [signature] 5/18/11

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended AR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

E-mail Address:

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	Joseph Mahoney
STREET ADDRESS	6275 Pine Avenue
CITY-ST-ZIP	Fleming Island, FL. 32003
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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NB 5/23

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE: X [signature] 5/18/11

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #