
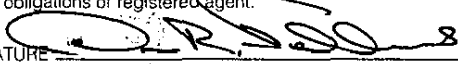
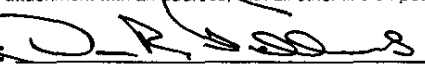


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91287 023 \*\*\*150.00

<b>DOCUMENT # P98000084581</b>					
<b>1. Entity Name</b> CAPTAIN BELL'S SEAFOOD OF FRUITLAND PARK, INC.					
<b>Principal Place of Business</b> 1684 RIDEOUT FERRY ROAD MIDDLEBURG FL 32068			<b>Mailing Address</b> 4417 BEACH BLVD STE 104 BROWARD BLDG JACKSONVILLE FL 32207 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 1684 RIDEOUT FERRY RD.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b> MIDDLEBURG, FL		<b>4. FEI Number</b> 59-3541244	
<b>Zip</b> 32068		<b>Country</b> U.S.A.		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> ROTHSTEIN, SIMON D ESQ 4417 BEACH BLVD., STE. 104 JACKSONVILLE FL 32207			<b>7. Name and Address of New Registered Agent</b> Name: DAN R. FELLOWS Street Address (P.O. Box Number is Not Acceptable): 1684 RIDEOUT FERRY RD. City: MIDDLEBURG FL Zip Code: 32068		
<b>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.</b> SIGNATURE:  DAN R. FELLOWS PRESIDENT 4-23-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PD	<b>NAME</b> BELL, ROLAND R	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> VPD	<b>NAME</b> SUZANNE B. FELLOWS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 154 RIVERWOOD TERRACE	<b>CITY-ST-ZIP</b> ORANGE PARK FL 32003		<b>STREET ADDRESS</b> 1684 RIDEOUT FERRY RD.	<b>CITY-ST-ZIP</b> MIDDLEBURG, FL 32068	
<b>TITLE</b> V	<b>NAME</b> BELL, KATHY L	<input checked="" type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 154 RIVERWOOD TERRACE	<b>CITY-ST-ZIP</b> ORANGE PARK FL 32003		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> STD	<b>NAME</b> FELLOWS, DAN R	<input type="checkbox"/> Delete	<b>TITLE</b> PSTD	<b>NAME</b> DAN R. FELLOWS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 1684 RIDEOUT FERRY ROAD	<b>CITY-ST-ZIP</b> MIDDLEBURG FL 32068		<b>STREET ADDRESS</b> 1684 RIDEOUT FERRY RD.	<b>CITY-ST-ZIP</b> MIDDLEBURG, FL 32068	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>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.</b>					
<b>SIGNATURE:</b>  DAN R. FELLOWS			4-23-04 904-291-5993		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		