

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000093252

1. Entity Name

CRYSTAL RIVER SEAFOOD NO. 5, INC.



Principal Place of Business

3346 E SEMORAN BLVD
APOPKA, FL 32073

Mailing Address

831 N PALMETTO AVENUE
GREEN COVE SPRINGS, FL 32043



03152004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3542087

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

AKEL, DANIEL D
ONE INDEPENDENT DRIVE
SUITE 2301
JACKSONVILLE, FL 32202

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

UN00000100262
03/31/04-80039-014 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME BAJALIA, MICHAEL
STREET ADDRESS 831 N PALMETTO AVENUE
CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043

TITLE D
NAME BAJALIA, LAVONIA
STREET ADDRESS 831 N PALMETTO AVENUE
CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043

TITLE D
NAME BAJALIA, AMY
STREET ADDRESS 831 N PALMETTO AVENUE
CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043

TITLE PD
NAME SCOTT, WILLIAM
STREET ADDRESS 831 N PALMETTO AVENUE
CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043

TITLE S
NAME BAJALIA, SAM
STREET ADDRESS 831 N PALMETTO AVE
CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Deputy Phone #

Sam Bajalia

(904) 284-4933