

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000096929	
1. Entity Name GET SEAFOOD, INC.	

Principal Place of Business 1049THOMAS RD. WINTER HAVEN, FL 33880	Mailing Address 1062 THOMAS RD WINTER HAVEN, FL 33880
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01302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3544351	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$3.75 Additional Fee Required

6. Name and Address of Current Registered Agent THOMAS, PHIL A 120 GALLOWAY ROAD WINTER HAVEN, FL 33880
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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 Phil Thomas DATE 4/3/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS, PHIL 1062 THOMAS RD WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMAS, SUE 1062 THOMAS RD WINTER HAVEN, FL 33880
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04/19/06-80071-012 150.00

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Phil A Thomas 4-3-06 863-294-6406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #