

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000003433

1. Entity Name  
COSTELLO SHRIMP COMPANY



Principal Place of Business

12670 NEW BRITTANY BLVD. #101  
FORT MYERS, FL 33907

Mailing Address

12670 NEW BRITTANY BLVD. #101  
FORT MYERS, FL 33907



02112005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0887070

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

COSTELLO, TRUMAN J  
12670 NEW BRITTANY BLVD. #101  
FORT MYERS, FL 33907

**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

000000229044  
02/14/05-80064-013 150.00

10. OFFICERS AND DIRECTORS

TITLE DVS  
NAME COSTELLO, TRUMAN J  
STREET ADDRESS 1221 SHADOW LANE  
CITY-ST-ZIP FORT MYERS, FL 33901

TITLE PD  
NAME COSTELLO, JANON C  
STREET ADDRESS 1219 VESPER DRIVE  
CITY-ST-ZIP FORT MYERS, FL 33901

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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)(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 filers empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Truman J. Costello

2/11/05 (239) 939-2222  
Date Daytime Phone #