


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000037271 1. Entity Name PIRATES PRIDE SHRIMP BOAT, INC.	
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Principal Place of Business TIMBER ISLAND RD. CARRABELLE, FL 32322	Mailing Address P.O. BOX 1341 CARRABELLE, FL 32322
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DO NOT WRITE IN THIS SPACE



05032004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3535669	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SAUNDERS, A. CHRISTINA
TIMBER ISLAND RD.
CARRABELLE, FL 32322**

**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 reappointing) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAUNDER, TIMOTHY C SR COUNTY RD 376 CARRABELLE, FL 32322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SAUNDERS, A. CHRISTIAN COUNTY RD 376 CARRABELLE, FL 32322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SAUNDERS, TIMOTHY C COUNTY RD 376 CARRABELLE, FL 32322
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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.

SIGNATURE: A Christina Sanders S/T 4-30-04 850 697-2578
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

A Christina Sanders