2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State
04-09-2004 90024 037 ***150.00

DOCUMENT # P99000048035

1. Entity Name
SEAFOOD EXPRESS & MORE, INC.

66413435

Principal Place of Business	Mailing Address
9349 N. MAIN ST. JACKSONVILLE, FL 32218	9349 N. MAIN ST. JACKSONVILLE, FL 32218

03232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3581385
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHARLEY S. AKEL
9349 N. MAIN ST.
JACKSONVILLE, FL 32218

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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 Charley Akel DATE 4/15/04
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	AKEL, CHARLEY S
STREET ADDRESS	9349 N. MAIN ST.
CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	S
NAME	KASSEES, ROMAL A
STREET ADDRESS	9349 N. MAIN ST.
CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	AS
NAME	HASSAN, ABRAHAM A
STREET ADDRESS	9349 NORTH MAIN STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32218
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 like empowered.

SIGNATURE: Charley Akel 4/15/04 751-7010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #