


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P99000058709	
1. Entity Name PIRATES LADY SHRIMP BOAT, INCORPORATED	

Principal Place of Business 275 TIMBER ISLAND ROAD CARRABELLE, FL 32322	Mailing Address PO BOX 1341 CARRABELLE, FL 32322
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05032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3585674	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 275 TIMBER ISLAND ROAD 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 reinstating) DATE

**FILE NOW!! FEE IS \$550.00
Due by September 8, 2004**

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 SAUNDERS, SR., TIMOTHY C CR 376 CARRABELLE, FL 32322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SAUNDERS, A CHRISTINA CR 376 CARRABELLE, FL 32322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SAUNDERS, JR., TIMOTHY C CR 376 CARRABELLE, FL 32322
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05/05/04-80041-016 150.00

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, or otherwise like empowered.

SIGNATURE: *A. Christina Saunders S/T* **4-30-04** **850 697-2778**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

A Christina Saunders