

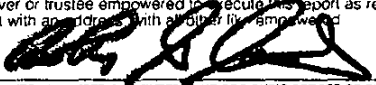


Apr 27 05 04:55p

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90421 029 \*\*\*158.75

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P99000098964</b>		
1. Entity Name <b>SOUTHEAST FISH &amp; SEAFOOD CO.</b>		
Principal Place of Business <b>3275 W. HILLSBORO BLVD SUITE 207 DEERFIELD BEACH, FL 33442</b>	Mailing Address <b>3275 W. HILLSBORO BLVD SUITE 207 DEERFIELD BEACH, FL 33442</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>COLEMAN, ANTHONY G JR 3275 W. HILLSBORO BLVD, SUITE 207 DEERFIELD BEACH, FL 33442</b>		<b>14014567</b>  04272005 No Chg-P CR2E034 (10/03) 4. FEI Number <b>65-0960099</b> Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
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 _____ (NOTE: Registered Agent signature required when restoring) _____ DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P COLEMAN, ANTHONY G JR 3275 W. HILLSBORO BLVD, SUITE 207 DEERFIELD BEACH, FL 33442</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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 another filing empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>4/27/05</b> Daytime Phone # <b>(954)354-2785</b>