

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90190 024 ***150.00

DOCUMENT # P99000101919

1. Entity Name
ALLEN BROTHERS SEAFOOD & TRUCKING, INC.



Principal Place of Business

344 PATTON DR.
EASTPOINT, FL 32328

Mailing Address

P.O. BOX 1006
EASTPOINT, FL 32328

2. Principal Place of Business

420 BLUFF RD.

3. Mailing Address

P.O. Box 92

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Apalachicola FL

City & State

Apalachicola FL

Zip

32320

Country

Franklin

Zip

32329

Country

Franklin

04072004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3610052

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALLEN, JOHN W SR
420 BLUFF RD.
APALACHICOLA, FL 32320

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 John W. Allen, Sr. / President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/27/04

DATE

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 P ☐ Delete
NAME ALLEN, JOHN SR
STREET ADDRESS 420 BLUFF RD.
CITY-ST-ZIP APALACHICOLA, FL 32320

TITLE VP ☐ Delete
NAME ALLEN, JOHN JR
STREET ADDRESS 273 MORRIS CANNON STREET
CITY-ST-ZIP APALACHICOLA, FL 32320

TITLE ST ☐ Delete
NAME ALLEN, ROXIE
STREET ADDRESS 420 BLUFF RD.
CITY-ST-ZIP APALACHICOLA, FL 32320

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Roxie E. Allen (Roxie E. Allen)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04
Date

850-653-8966
Daytime Phone #