## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# S24681

Entity Name: INLET SEAFOOD MARKET, INC.

FILED Jan 21, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 22 N CAUSEWAY DR. FT. PIERCE, FL 34946 US **Current Mailing Address: New Mailing Address:** PO BOX 3604 FT PIERCE, FL 34948 FEI Number: 65-0238531 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BLACK, GLEN J 22 NORTH CAUSEWAY DRIVE FT PIERCE, FL 34949

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: BLACK, GLEN J, Name: BLACK, GLEN J, Address: 22 N CAUSEWAY DR Address: 22 N CAUSEWAY DR

Address: 22 N CAUSEWAY DR Address: 22 N CAUSEWAY DR
City-St-Zip: FT PIERCE, FL City-St-Zip: FT PIERCE, FL 34948

Title: Title: (X) Change ( ) Addition () Delete CATHY HEGEDUS. Name: Name: CATHY HEGEDUS. 22 N CAUSEWAY DR 22 N CAUSEWAY DR Address: Address: FT. PIERCE, FL City-St-Zip: City-St-Zip: FT. PIERCE, FL 34948

Title: D ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 TAMMY CASSON,
 Name:
 TAMMY CASSON,

 Address:
 22 N CAUSEWAY DR
 22 N CAUSEWAY DR

 City-St-Zip:
 FT. PIERCE, FL
 City-St-Zip:
 FT. PIERCE, FL 34948

Title: DST ( ) Delete Title: DST (X) Change ( ) Addition

 Name:
 GLENDA MACON,
 Name:
 GLENDA MACON,

 Address:
 22 N CAUSEWAY DR
 Address:
 22 N CAUSEWAY DR

 City-St-Zip:
 FT. PIERCE, FL
 34948

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLEN J BLACK PD 01/21/2005