

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000067047

**Entity Name:** BULLBAY FISH COMPANY**Current Principal Place of Business:**25537 SHORE DRIVE  
PUNTA GORDA, FL 33950**Current Mailing Address:**PAULA F. MCQUEEN  
P.O. BOX 511249  
PUNTA GORDA, FL 33951**FEI Number:** 65-0980451**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCQUEEN, PAULA F  
1107 W. MARION AVENUE  
SUITE 105  
PUNTA GORDA, FL 33950 US*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:** PAULA F MCQUEEN

03/12/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                      |
|-----------------|----------------------|
| Title           | PD                   |
| Name            | MCQUEEN, ROBERT N    |
| Address         | 25537 SHORE DR       |
| City-State-Zip: | PUNTA GORDA FL 33950 |

|                 |                      |
|-----------------|----------------------|
| Title           | D S                  |
| Name            | GOULDING, REX        |
| Address         | 23171 CENTRAL AVE    |
| City-State-Zip: | PUNTA GORDA FL 33950 |

|                 |                                   |
|-----------------|-----------------------------------|
| Title           | DVT                               |
| Name            | GOULDING, REID                    |
| Address         | 1981 E VINA DEL MAR BLVD          |
| City-State-Zip: | ST PETERSBURG BEACH FL 33706-2823 |
| Title           | AUTHORIZED REPRESENTATIVE         |
| Name            | MCQUEEN, PAULA F                  |
| Address         | 25537 SHORE DRIVE                 |
| City-State-Zip: | PUNTA GORDA FL 33950              |

*I hereby 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 all other like empowered.*

**SIGNATURE:** PAULA F MCQUEEN**AUTHORIZED REP**

03/12/2021

Electronic Signature of Signing Officer/Director Detail

Date