2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 350167

FILED Apr 30, 2009 Secretary of State

Entity Name: KING NEPTUNE FISH & POULTRY MARKET, INC.

Current Principal Place of Business:			New Principal Place of Business:		
	VERMONT A FL 32720	VENUE			
ırrent Mailing Address:		New Mailing Address:			
	VERMONT A FL 32720	VENUE			
l Number	: 59-1265926	FEI Number Applied For()	FEI Number Not Appl	cable () Cert	tificate of Status Desired()
ıme and	Address of (Current Registered Agent:	Name and	Address of New I	Registered Agent:
19 W. ÝE	AMES D RMONT AVE. FL 32720 U	JS			
	named entity e of Florida.	submits this statement for the p	purpose of changing i	s registered office	or registered agent, or both
the State	e of Florida.	submits this statement for the p	purpose of changing i	s registered office	or registered agent, or both
the State	e of Florida. RE:	submits this statement for the particles. Signature of Registered Agric Signature Office Signature of Registered Agric Signature Office Sig		s registered office	or registered agent, or both Date
the State	e of Florida. RE: Electroi			s registered office	
the State GNATUR	e of Florida. RE: Electroi	nic Signature of Registered Ago	ent		
the State GNATUR ction Car FFICERS e: me: dress:	e of Florida. RE: Electrol mpaign Financin S AND DIREC	nic Signature of Registered Agg Trust Fund Contribution (). STORS:) Delete E C	ent	S/CHANGES TO C	Date
the State GNATUR	e of Florida. RE: Electrol mpaign Financin S AND DIREC VST (HOUCK, BETT 1102 HWY 41 INVERNESS, F	nic Signature of Registered Agg g Trust Fund Contribution (). ETORS:) Delete E C :L) Delete S D	ent ADDITION Title: Name: Address:	S/CHANGES TO (Date Description of the company of
the State GNATUF ction Car FFICERS e: ne: lress:St-Zip: e: ne: lress:	e of Florida. RE: Electron mpaign Financin S AND DIREC VST (HOUCK, BETTI 1102 HWY 41 INVERNESS, F P (HOUCK, JAME 109 W VERMO DELAND, FL	nic Signature of Registered Ag g Trust Fund Contribution (). CTORS:) Delete E C L) Delete S D NT AVE.) Delete L. ADO AVE	ent ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	S/CHANGES TO (()Chan ()Chan	Date DFFICERS AND DIRECTO age () Addition age () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JAMES D. HOUCK P 04/30/2009