## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 476034** 

Entity Name: R AND L SHRIMP, INC.

FILED Apr 22, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

RYAN DR. 208 W. 11TH ST.

P.O. BOX 874 CARRABELLE, FL 32322 US

CARRABELLE, FL 32322 US

Current Mailing Address: New Mailing Address:

RYAN DR. 208 W. 11TH ST.

P.O. BOX 874 CARRABELLE, FL 32322 US

FEI Number: 59-1610341 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:

LYCETT, JAMES A PRES
RYAN DR.

LYCETT, JAMES A PRES
208 W. 11TH ST.

CARRABELLE, FL 32322 US CARRABELLE, FL 32322 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: 04/22/2007

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:
 LYCETT, JAMES A PRES
 Name:
 LYCETT, JAMES A PRES

 Address:
 RYAN DR P. O. BOX 874 N/A
 Address:
 208 W. 11TH ST.

 Address:
 RYAN DR P. O. BOX 874 N/A
 Address:
 208 W. 11TH ST.

 City-St-Zip:
 CARRABELLE, FL 32322
 City-St-Zip:
 CARRABELLE, FL 32322

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

 Name:
 LYCETT, PAMELA
 Name:
 LYCETT, PAMELA

 Address:
 RYAN DR P. O. BOX 874 N/A
 Address:
 208 W. 11TH ST.

 City-St-Zip:
 CARRABELLE, FL 32322
 City-St-Zip:
 CARRABELLE, FL 32322

I hereby certify that the information supplied with this filing does not qualify for the 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 A. LYCETT PRES 04/22/2007