2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2008 8:00 am
Secretary of State
03-26-2008 90028 011 ***150.00

66011302

DOCUMENT # 515970

1. Entity Name
CLEVELAND SEAFOODS, INC.

Principal Place of Business	Mailing Address
3747 S CLEVELAND AVE FORT MYERS, FL 33901	3747 S CLEVELAND AVE FORT MYERS, FL 33901

03202008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1695972 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COTTRELL, CHARLES S 16631 SHELBY LANE FORT MYERS, FL 33917	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 Charles S Cottrell 4/15/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent must sign) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~P V PRESIDENT~~ COTTRES, CHARLES W EST 2025 SHADYBROOK LANE LEXINGTON, KY	☒ Delete	Cottrell, Charles S. 16631 Shelby Lane North Fort Myers, FL 33917	☐ Change ☒ Addition VP PRESIDENT
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PRESIDENT ARNOLD, JAMES P 771 LAKESHORE DRIVE LEXINGTON, KY	☐ Delete	Cottrell, Jane Ann 1544 Peacock Road Paris, KY 40361	☐ Change ☒ Addition SECRETARY
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~S SECRETARY~~ ARNOLD, CARITA W 771 LAKESHORE DRIVE LEXINGTON, KY	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: [signature] V PRES 5/19/08 239-936-6336
SIGNATURE AND PRINT OR TYPED NAME OF MEMBER, OFFICER OR DIRECTOR Date Daytime Phone #