

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # 562682

1. Entity Name
MISS BECKY SEAFOOD, INC.



Principal Place of Business
**4432 OCEAN STREET
MAYPORT, FL 32233**

Mailing Address
**4432 OCEAN STREET
MAYPORT, FL 32233**



02132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1807556	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PACK, GERALD L
1311 WINDSOR HARBOR DRIVE
JACKSONVILLE, FL 32225**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

U00000633178

02/28/07-B0016-006 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PACK, GERALD L
STREET ADDRESS	1311 WINDSOR HARBOR DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32225

TITLE	S
NAME	TUTTLE, MICHELLE C
STREET ADDRESS	5716 ADA JOHNSON RD
CITY-ST-ZIP	JACKSONVILLE, FL 32218

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/07

Date

(904) 247-0215

Daytime Phone #