

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-06-2006 90030 048 ****70.00

DOCUMENT # 731134 1. Entity Name THE FLORIDA SEAFOOD FESTIVAL, INC.					
Principal Place of Business P.O. BOX 758 APALACHICOLA FL 32329 US			Mailing Address P.O. BOX 758 APALACHICOLA FL 32329 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1634994 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E037 (10/05)	
6. Name and Address of Current Registered Agent SCOTT, CATHERINE 1560 PEACHTREE RD APALACHICOLA FL 32320				7. Name and Address of New Registered Agent Name RACHEL CHESNUT Street Address (P.O. Box Number is Not Acceptable) 65 AVENUE E City APALACHICOLA FL Zip Code 32320	
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 <i>Rachel Chesnut</i> <small>Signature typed or printed name of registered agent and title if applicable</small>				DATE 2-16-06 <small>(NOTE: Registered Agent signature required when reappointing)</small>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCOTT, CATHERINE		NAME		
STREET ADDRESS	1560 PEACHTREE RD		STREET ADDRESS		
CITY-ST-ZIP	APALACHICOLA FL 32320		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHESTNUT, RACHEL		NAME	PRESIDENT RACHEL CHESNUT	
STREET ADDRESS	48 AVE D		STREET ADDRESS	65 AVENUE E	
CITY-ST-ZIP	APALACHICOLA FL 32320		CITY-ST-ZIP	APALACHICOLA, FL 32320	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUNCAN, CHRISTY		NAME		
STREET ADDRESS	315 CARROLL ST		STREET ADDRESS		
CITY-ST-ZIP	EASTPOINT FL 32328		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEMIEUX, MONICA		NAME		
STREET ADDRESS	110 15TH ST		STREET ADDRESS		
CITY-ST-ZIP	APALACHICOLA FL 32320		CITY-ST-ZIP		
TITLE	VP/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JOHN SOLOMON		NAME		
STREET ADDRESS	107 TWIN LAKES ROAD		STREET ADDRESS		
CITY-ST-ZIP	EASTPOINT, FL 32328		CITY-ST-ZIP		
TITLE	SECRETARY	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BUTCH BAKER		NAME		
STREET ADDRESS	143 River Road		STREET ADDRESS		
CITY-ST-ZIP	Carrabelle FL 32322		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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: <i>Rachel Chesnut</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 2-16-06 <small>Date Daytime Phone #</small>		