

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760970

FILED  
Jan 31, 2008  
Secretary of State

Entity Name: SHRIMP SERVICE DOCK ASSOCIATION, INC.

## Current Principal Place of Business:

2633 CAUSEWAY B'LVLD.  
TAMPA, FL 33619

## New Principal Place of Business:

2633 CAUSEWAY B'LVLD.  
TAMPA, FL 33619 US

## Current Mailing Address:

P.O. BOX 5777  
TAMPA, FL 33675

## New Mailing Address:

P.O. BOX 5777  
TAMPA, FL 33675 US

FEI Number: 59-2229940

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHEAR, L. DAVID  
401 EAST JACKSON STREET, SUITE 2700  
TAMPA, FL 33602 US

## Name and Address of New Registered Agent:

VERSAGGI SHRIMP CORP  
2633 CAUSEWAY BLVD.  
TAMPA, FL 33619 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: SALVATORE J. VERSAGGI

01/31/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: DONINI, ERNEST,  
Address: 2625 S 22ND ST CAUSEWAY  
City-St-Zip: TAMPA, FL 33619

Title: VD ( ) Delete  
Name: VERSAGGI, JOSEPH  
Address: 2633 CAUSEWAY BLVD.  
City-St-Zip: TAMPA, FL 33619

Title: TD ( ) Delete  
Name: SALVATORE, J VERSAGG, I  
Address: 2633 22ND ST CAUSEWAY  
City-St-Zip: TAMPA, FL 33619

Title: AS ( ) Delete  
Name: DONINI, JOHN,  
Address: 2625 22ND ST CAUSEWAY  
City-St-Zip: TAMPA, FL 33619

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SALVATORE J. VERSAGGI

TREA

01/31/2008

Electronic Signature of Signing Officer or Director

Date