

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # F03000001922		
1. Entity Name HARBOUR LOBSTER AND FISH COMPANY LIMITED		

Principal Place of Business YELLOW PINE ROAD (P.O. F-40014) FREEPORT G.B. BAHAMAS,	Mailing Address P.O. BOX F-40016 FREEPORT BAHAMAS,
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



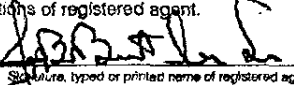
02042006 Chg-P CR2E034 (11/05)

4. FEI Number
NOT APPLICABLE

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

5. Name and Address of Current Registered Agent BUTLER, JEFFREY B SR. 2105 NORTH 15TH AVE. HOLLYWOOD, FL 33020	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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  **JEFFREY B. BUTLER SR CEO** **FEB. 4-06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW!!! FEE IS \$150.00 ✓
After May 1, 2006 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	CP BUTLER, JEFFREY B SR. 15 RINGWOOD DRIVE FREEPORT G.B. BAHAMAS, ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add 000000429430 02/22/06-80007-012 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VLT BUTLER, ROBERT P.O. BOX F-40016 FREEPORT BAHAMAS, ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTOPHER GOUTHRO PA P.O. BOX 4-42419 FREEPORT G.B. BAHAMAS, ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIVIAN GOUTHRO PA P.O. BOX 4-42419 FREEPORT G.B. BAHAMAS, ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALBURY, COLLEEN L P.O. BOX F-41851 FREEPORT G.B. BAHAMAS, ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 