## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F03000001922

Address:

City-St-Zip:

P.O. BOX F-41851

FREEPORT G.B. BAHAMAS, BS 00000 BA

Entity Name: HARBOUR LOBSTER AND FISH COMPANY LIMITED

FILED Apr 09, 2009 Secretary of State

Current F	Principal Place of Business:	New Principal Place	of Business:
757 S.F. 1	17TH STREET		
SUITE 10			
	DERDALE, FL 33316 US		
Current Mailing Address:		New Mailing Address:	
757 S.E. 1	17TH STREET		
SUITE 10			
FI. LAUD	DERDALE, FL 33316 US		
FEI Numbei	r: FEI Number Applied For ( )	FEI Number Not Applicable (X)	Certificate of Status Desired (X)
Name and	d Address of Current Registered Agent:	Name and Address of	of New Registered Agent:
757 S.E. 1 SUITE 10	JEFFREY B SR. 17TH STREET 04 DERDALE, FL 33316 US		
	e named entity submits this statement for the te of Florida.	purpose of changing its registere	d office or registered agent, or both,
SIGNATU	JRE:		
	Electronic Signature of Registered A	gent	Date
Election Ca	ampaign Financing Trust Fund Contribution ( ).		
OFFICER	RS AND DIRECTORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	CP ( ) Delete BUTLER, JEFFREY B SR. 15 RINGWOOD DRIVE FREEPORT G.B. BAHAMAS, BS 00000 BA	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VVT ( ) Delete BUTLER, ROBERT P.O. BOX F-40016 FREEPORT BAHAMAS, BS 00000 BA	Title: VVT Name: BUTLER, R Address: P.O. BOX F City-St-Zip: FREEPORT	
Title: Name: Address: City-St-Zip:	MR ( ) Delete CHRISTOPHER GOUTHRO PA P.O. BOX F-42419 FREEPORT G.B. BAHAMAS, BS 00000 BA	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	D ( ) Delete VIVIAN GOUTHRO PA P.O. BOX F-42419 FREEPORT G.B. BAHAMAS, BS 00000 BA	Title: D Name: TARA DORS Address: P.O. BOX F City-St-Zip: FREEPORT	-40016
			G.B. BAHAMAS, BS 00000 BA

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

Address:

City-St-Zip:

SIGNATURE: JEFFREY B BUTLER, SR CEO 04/09/2009