

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000000869

**FILED**  
**Mar 24, 2011**  
**Secretary of State**

**Entity Name:** SHRIMP BASKET OF MILTON, INC.

**Current Principal Place of Business:**

6380 HIGHWAY 90  
MILTON, FL 32570 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 904  
GULF SHORES, AL 36547 US

**New Mailing Address:**

**FEI Number:** 20-8079123

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SHRIMP BASKET NAVY, INC.  
6501 N DAVIS HWY  
PENSACOLA, FL 32504 US

**Name and Address of New Registered Agent:**

SPENCE, EDWIN J  
6501 N DAVIS HWY  
PENSACOLA, FL 32504 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: EDWIN J SPENCE

03/24/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: STD  
Name: SPENCE, EDWIN J  
Address: PO BOX 904  
City-St-Zip: GULF SHORES, FL 365470904 US

Title: PD  
Name: CAHOON, DAVID P  
Address: PO BOX 904  
City-St-Zip: GULF SHORES, FL 365470904 US

I hereby 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 all other like empowered.

SIGNATURE: EDWIN J SPENCE

STD

03/24/2011

Electronic Signature of Signing Officer or Director

Date