

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90061 013 \*\*\*158.75

<b>DOCUMENT # F47565</b> 1. Entity Name <b>SAN CARLOS ISLAND FREEZER PLANT, INC.</b>					
Principal Place of Business <b>870 BUTTONWOOD DRIVE FT MYERS BEACH, FL 33931-2202</b>			Mailing Address <b>870 BUTTONWOOD DRIVE FT MYERS BEACH, FL 33931-2202</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2136226</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LEE, BLANCHE SANTINI 892 BUTTONWOOD DR. FT MYERS BEACH, FL FT. MYERS BEACH, FL 33931</b>				7. Name and Address of New Registered Agent Name <b>TOWNLEY, ARTHUR J.</b> Street Address (P.O. Box Number is Not Acceptable) <b>14931 Old Olga Rd.</b> City <b>Ft. Myers,</b> <b>FL</b> Zip Code <b>33905</b>	
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: <b>4/3/08</b> <small>Signature, typed or printed name of authorized agent and date if applicable. (NOTE: Registered Agent signature required when re-stating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	PS LEE, BLANCHE S. P.O. BOX 7634 FORT MYERS, FL 33911	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	P/S TOWNLEY, ARTHUR J. PO BOX 2452 FT MYERS BCH, FL 33932	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	V TOWNLEY, ARTHUR J P.O. BOX 2452 FORT MYERS BEACH, FL 33932	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	V/T TOWNLEY, MARK A. PO BOX 2442 FT MYERS BCH, FL 33932	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 if changed, or on an attachment with an address, with all other like employees.					
SIGNATURE:			<b>4/3/08</b> <b>239-463-2939</b> <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					