
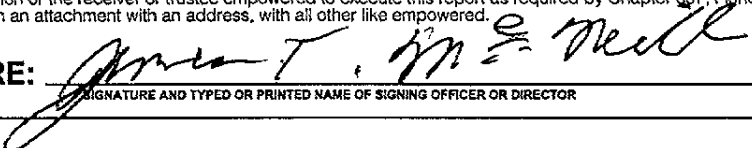


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F74927</b> 1. Entity Name INDIAN PASS SEAFOOD COMPANY, INCORPORATED		
Principal Place of Business 8391 C-30A PORT ST. JOE, FL 32456	Mailing Address 8391 C-30A PORT ST. JOE, FL 32456	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  MCNEILL, JAMES T 1031 INDIAN PASS ROAD PORT ST. JOE, FL 32456		<b>DO NOT WRITE IN THIS SPACE</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCNEILL, JAMES T 1031 INDIAN PASS ROAD PORT ST. JOE, FL 32456	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MCNEILL, BETTY L 1031 INDIAN PASS ROAD PORT ST. JOE, FL 32456	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MCNEILL, JAMES T III 190 NORTH HIGGINS ST PORT ST JOE, FL 32456	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4-27-06</u> Daytime Phone # _____



03082006 No Chg-P GR2E034 (11/05)

4. FEI Number 59-2186288	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

1100000552966  
05/15/06-80033-002 150.00