## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F74927

FILED Mar 13, 2009 Secretary of State

Entity Name: INDIAN PASS SEAFOOD COMPANY, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

8391 C-30A

PORT ST. JOE, FL 32456

Current Mailing Address: New Mailing Address:

8391 C-30A ATTN: BETTY L. MCNEILL, VPST PORT ST. JOE, FL 32456 1031 INDIAN PASS ROAD

PORT ST. JOE, FL 324567724 US

FEI Number: 59-2186288 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

MCNEILL, JAMES T

1031 INDIAN PASS ROAD

1031 INDIAN PASS ROAD

PORT OF 10 204507734 LIG

PORT ST. JOE, FL 32456 US PORT ST. JOE, FL 324567724 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: 03/13/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP ( ) Delete Title: DP (X) Change ( ) Addition

 Name:
 MCNEILL, JAMES T,
 Name:
 MCNEILL, JAMES T

 Address:
 1031 INDIAN PASS ROAD
 Address:
 1031 INDIAN PASS ROAD

 City-St-Zip:
 PORT ST. JOE, FL 32456
 City-St-Zip:
 PORT ST. JOE, FL 324567724

Title: DS ( ) Delete Title: DVPS (X) Change ( ) Addition Name: MCNEILL. BETTY L. Name: MCNEILL. BETTY L

 Name:
 MCNEILL, BETTY L,
 Name:
 MCNEILL, BETTY L

 Address:
 1031 INDIAN PASS ROAD
 Address:
 1031 INDIAN PASS ROAD

 City-St-Zip:
 PORT ST. JOE, FL 324567724
 City-St-Zip:
 PORT ST. JOE, FL 324567724

Title: DV ( ) Delete Title: DV (X) Change ( ) Addition

 Name:
 MCNEILL, JAMES T III,
 Name:
 MCNEILL, JIM

 Address:
 190 NORTH HIGGINS ST
 Address:
 8391 C-30-A

City-St-Zip: PORT ST JOE, FL 32456 City-St-Zip: PORT ST JOE, FL 32456

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.

SIGNATURE: BETTY L. MCNEILL BY W. A. WALKER II, ATTY VPST 03/13/2009