


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F75617 1. Entity Name SPEARS SEAFOOD, INC.	
---	---

Principal Place of Business 5025 W. TENNESSEE ST. TALLAHASSEE, FL 32304	Mailing Address 5025 W. TENNESSEE ST. TALLAHASSEE, FL 32304
---	---

DO NOT WRITE IN THIS SPACE

FILED
07 MAY -1 PM 4:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05012007 No Chg-P CR2E034 (11/05) **87**

4. FEI Number 59-2362156	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent SPEARS, CECIL C 88 CECIL SPEARS ROAD CRAWFORDVILLE, FL 32327
--

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SPEARS, CECIL C 88 CECIL SPEARS ROAD CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

300102212909
05/11/07--01030--002 **150.00

**DO NOT WRITE
IN THIS SPACE**

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:  **CECIL C. SPEARS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-07 **850-875-9128**
Date Daytime Phone #