2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007
Secretary of State

DOCUMENT# F94000002363

Entity Name: PORT CANAVERAL SEAFOOD HOUSE, INC.

Current Principal Place of Business:

602 GLENN CHEEK DRIVE
PORT CANAVERAL, FL 32920 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 304
PORT CANAVERAL, FL 32920 US

New Mailing Address:

FEI Number: 56-1863106 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLIKEN, LLOYD
1642 VILLAGE POINT RD
COCOA BEACH, FL 32931 US

Name and Address of New Registered Agent:

MILLIKEN, LLOYD
500 COCOA BEACH CAUSEWAY
COCOA BEACH, FL 32931 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: LLOYD R MILLIKEN 02/19/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MILLIKEN, LLOYD R
Address: 300 SYKES CREEK PARKWAY
City-St-Zip: MERRITT ISLAND, FL 32952

Title: ST ( ) Delete
Name: SOLANO, RHODA
Address: 1850 HARBOR PT. DR.
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VP ( ) Delete
Name: MILLIKEN, TIMOTHY L
Address: 145 W. PASCO LANE
City-St-Zip: COCOA BEACH, FL 32931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MILLIKEN, LLOYD R
Address: 1642 VILLAGE PT RD
City-St-Zip: SHALLOTTE, NC 28470

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: TIMOTHY L MILLIKEN VP 02/19/2007
Electronic Signature of Signing Officer or Director Date