## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F94000002363

Name:

Address:

City-St-Zip:

MILLIKEN, TIMOTHY L

145 W. PASCO LANE

COCOA BEACH, FL 32931

Entity Name: PORT CANAVERAL SEAFOOD HOUSE, INC.

FILED Jan 31, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place	New Principal Place of Business:	
	N CHEEK DR NAVERAL, FL		US			
Current Mailing Address:				New Mailing Address:		
P.O. BOX PORT CAI	304 NAVERAL, FL	. 32920	US			
FEI Number	: 56-1863106	FEI Nui	mber Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of	Name and Address of New Registered Agent:	
COCOA B The above	DA BEACH CA EACH, FL 32	931 U	S	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUI						
Election Ca		Ū	ture of Registered Agand Contribution ( ).	ent	Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( MILLIKEN, LLC 1642 VILLAGE SHALLOTTE, N	PT RD		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ST ( SOLANO, RHO 1850 HARBOR MERRITT ISLA	R PT. DR.	952	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	VP (	) Delete		Title:	( ) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: TIMOTHY L MILLIKEN V.P. 01/31/2008