2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2009
Secretary of State

DOCUMENT# G02818

Entity Name: HOMOSASSA SEAFOOD, INC.

Current Principal Place of Business:

11026 W. SEMINOLE PL.
HOMOSASSA, FL 34487

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 468
HOMOSASSA, FL 34487

New Mailing Address:

FEI Number: 59-2222599 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PIERCE, ALTON R SR.
11026 W. SEMINOLE PL.
HOMOSASSA, FL 34487 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PIERCE, ELTA E
Address: 11026 W. SEMINOLE PL.
City-St-Zip: HOMOSASSA, FL 34487

Title: P ( ) Delete
Name: PIERCE, ALTON RAY SR.
Address: 11026 W. SEMINOLE PL.
City-St-Zip: HOMOSASSA, FL 34487

Title: V ( ) Delete
Name: YOUNG, MARSHALL
Address: 11026 W. SEMINOLE PL.
City-St-Zip: HOMOSASSA, FL 34487

Title: T ( ) Delete
Name: YOUNG, DORIS AILEEN
Address: 11026 W. SEMINOLE PL.
City-St-Zip: HOMOSASSA, FL 34487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: ELTA PIERCE D 04/04/2009

Electronic Signature of Signing Officer or Director — Date