

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2007 8:00 am
Secretary of State

01-30-2007 90009 030 ***150.00

DOCUMENT # G12436

1. Entity Name

DYER SHELLFISH INCORPORATED



Principal Place of Business

5905 US 1
GRANT FL 32949
US

Mailing Address

P.O. BOX 808
SHARPES FL 32959
US



2. Principal Place of Business - No P.O. Box #

7705 So. U.S. 1

3. Mailing Address

Suite, Apt. #, etc.

BELLWOOD

City & State
FLORIDA

City & State

Zip
32780

Country
BREVARD

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-2256679

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DYER, ALFRED C JR
222 WATERSIDE DR.
INDIAN HARBOUR BEACH
SATELLITE BEACH FL 32937

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 restoring.)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE V ☐ Delete
NAME DYER, NANCY M.
STREET ADDRESS 222 WATERSIDE DR.
CITY- ST- ZIP INDIAN HARBOUR BCH FL 32937

TITLE P ☐ Delete
NAME DYER, ALFRED C
STREET ADDRESS 222 WATERSIDE DR.
CITY- ST- ZIP IHB FL 32937

TITLE ST ☐ Delete
NAME DYER, NANCY M
STREET ADDRESS 222 WATERSIDE DR.
CITY- ST- ZIP IND. HARB. BCH FL 32937

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Phone #

1/25/07 (34) 268-8841