2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 20, 2006 8:00 am Secretary of State DOCUMENT # G15968 02-20-2006 90054 047 ***150.00 1. Entity Name A.B. COOK JR. SEAFOOD, INC. Principal Place of Business Mailing Address 1523 HIGHLAND ST. 1523 HIGHLAND ST P O BOX 146 P.O. BOX 16146 FERNANDINA BCH. FL 32034 FERNANDINA BEACH FL 32034 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-2239385 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nāme COOK, III, A B Street Address (P.O. Box Number is Not Acceptable) 1523 HIGHLAND ST. FERNANDINA BEACH FL 32034 City 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 reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTD TITLE ☐ Delete TITLE ☐ Change Addition NAME COOK, III, A B NAME STREET ADDRESS 1523 HIGHLAND STREET STREET ADDRESS CITY-ST-ZIP FERNANDINA BEACH FL 32034 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME COOK, PATRICIA E NAME STREET ADDRESS 1523 HIGHLAND STREET STREET ADDRESS CITY-ST-ZIP FERNANDINA BEACH FL 32034 CITY-ST-7IP TITLE Delete CEO TITLE Change ___ D Addition Cook Alfred B IV Pro Box 16146 1523 Highland ST NAME COOK, ALFRED III NAME STREET ADDRESS STREET ADDRESS PO BOX 16146 CITY-ST-ZIP FERNANDINA BEACH FL 32035 CITY - ST- ZIP FREARNAINA BOACH Fl37035 Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED

Daytime Phone #