2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007
Secretary of State

DOCUMENT# G48265

Entity Name: FUDPUCKER'S OF FORT WALTON BEACH, INC.

Current Principal Place of Business:

108 SANTA ROSA BLVD.
FT. WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

20001-A EMERALD COAST PKWY.
DESTIN, FL 32541

New Mailing Address:

FEI Number: 59-2318359 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

EDWARDS, TIMOTHY M
20001-A EMERALD COAST PARKWAY
DESTIN, FL 32541 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: PD ( ) Delete
Name: KROEGER, CHESTER G
Address: 606 LAGOON DR
City-St-Zip: DESTIN, FL 32541 US

Title: DVST ( ) Delete
Name: EDWARDS, TIMOTHY M
Address: 500 WALTON WAY
City-St-Zip: DESTIN, FL 32550 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: KROEGER, CHESTER G
Address: 14596 HWY 20
City-St-Zip: CHOCTAW BEACH, FL 32439 US

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 M EDWARDS DVST 04/10/2007

Electronic Signature of Signing Officer or Director — Date