## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# G96586

Title:

Name:

Address:

City-St-Zip:

VTD

( ) Delete

PETERS, MATTHEW ROSS

531 DRIFTWOOD LANE

DESTIN, FL 32541

Entity Name: ALL AMERICAN GULF FISH CO., INC.

FILED Mar 18, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 640 A ANCHORS STREET NW FT. WALTON BEACH, FL 32548 **Current Mailing Address: New Mailing Address:** PO BOX 86 FORT WALTON BEACH, FL 32549 FEI Number: 58-1850309 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PETERS, WILLIAM 6 RANGER ST., SW FT. WALTON BEACH, FL 32548 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition PETERS, WILLIAM, Name: Name: 6 RANGER ST. SW Address: Address: City-St-Zip: FORT WALTON BEACH, FL 32548 City-St-Zip: Title: Title: () Delete (X) Change ( ) Addition PETERS, VONNIE Name: PETERS, YVONNE Name: 6 RANGER ST. SW 6 RANGER ST. SW Address: Address: FORT WALTONBEACH, FL 32548 FORT WALTONBEACH, FL 32548 City-St-Zip: 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: WM.T.PETERS PRES 03/18/2008

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