

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H36822

Entity Name: SPRINGCREEK SEAFOOD, INC.

FILED
Aug 26, 2009
Secretary of State

Current Principal Place of Business:

33 BEN WILLIS RD.
SPRING CREEK, FL 32327

New Principal Place of Business:

Current Mailing Address:

33 BEN WILLIS RD.
SPRING CREEK, FL 32327

New Mailing Address:

FEI Number: 59-2491593

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOVEL, LEO V
429 HILLCREST ST
TALLAHASSEE, FL 32308 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: PVST () Delete
Name: LOVEL, LEO V.
Address: 2050 EDENFIELD RD.
City-St-Zip: TALLAHASSEE, FL 32308

Title: VP () Delete
Name: LOWEL, BENJAMIN B
Address: 30 HANNAH DYKES ST
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: S () Delete
Name: LOVEL, CLAY M
Address: 20 HANNAH DYKES ST
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: LOVEL, LEO V.
Address: 429 HILLCREST ST
City-St-Zip: TALLAHASSEE, FL 32308

Title: VP (X) Change () Addition
Name: LOVEL, BENJAMIN B
Address: 4409 COASTAL HWY
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: S (X) Change () Addition
Name: LOVEL, CLAY M
Address: 72 TUPELO DR
City-St-Zip: CRAWFORDVILLE, FL 32327

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: LEO V. LOVEL

PVST

08/26/2009

Electronic Signature of Signing Officer or Director

Date