

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H36822

FILED  
Apr 28, 2011  
Secretary of State

**Entity Name:** SPRINGCREEK SEAFOOD, INC.

**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

**OFFICERS AND DIRECTORS:**

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

Title: VP  
Name: LOVEL, BENJAMIN B  
Address: 4409 COASTAL HWY  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: S  
Name: LOVEL, CLAY M  
Address: 72 TUPELO DR  
City-St-Zip: CRAWFORDVILLE, FL 32327

I hereby 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 all other like empowered.

SIGNATURE: CLAY M. LOVEL

S

04/28/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date