

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J70969

FILED
Apr 07, 2009
Secretary of State

Entity Name: EQUALIZER SHRIMP CO., INC.

Current Principal Place of Business:

1300 MAIN STREET
FORT MYERS BEACH, FL 33932

New Principal Place of Business:

1300 MAIN STREET
FORT MYERS BEACH, FL 33931

Current Mailing Address:

PO BOX 6189
FORT MYERS BEACH, FL 33932

New Mailing Address:

FEI Number: 59-2808408 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENDERSON, DENNIS L
21251 CARTER ROAD
ESTERO, FL 33920 US

Name and Address of New Registered Agent:

HENDERSON, DENNIS L
21251 CARTER ROAD
ESTERO, FL 33928 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: _____

04/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: HENDERSON, DENNIS L
Address: 21521 CARTER ROAD
City-St-Zip: ESTERO, FL 33920

Title: PD () Delete
Name: GALA, GEORGE W JR
Address: 7227 HENDRY CREEK DR
City-St-Zip: FT. MYERS, FL 33908

Title: SD () Delete
Name: GALA, CHRISTINE
Address: 7227 HENDRY CREEK DRIVE
City-St-Zip: FT. MYERS, FL 33908

Title: TD () Delete
Name: HENDERSON, RANELL S
Address: 21251 CARTER ROAD
City-St-Zip: ESTERO, FL 33920

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: HENDERSON, DENNIS L
Address: 21521 CARTER ROAD
City-St-Zip: ESTERO, FL 33928

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: HENDERSON, RANELL S
Address: 21251 CARTER ROAD
City-St-Zip: ESTERO, FL 33928

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: CHRISTINE GALA

SD

04/07/2009

Electronic Signature of Signing Officer or Director

Date