

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # K20575

1. Entity Name

SKIPPER'S SEAFOOD, INC.



**FILED  
Mar 24, 2008 8:00 am  
Secretary of State**

03-24-2008 90046 009 \*\*\*150.00



1st MOORE CR2E034 (10/07)

Principal Place of Business		Mailing Address					
130 OLD HWY 98 #2 DESTIN FL 32550 US		130 OLD HWY 98 #2 DESTIN FL 32550 US					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
HARRIS, H.H. III 102 MONARCH DR SANTA ROSA BCH FL 32459				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:

(Signature, typed or printed name of registered agent and title, if applicable.)

(NOTE: Registered Agent signature required when re-registering.)

DATE

FILE NOW!!!-FEE IS: \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HARRIS, H.H. III 130 OLD HWY 98 #2 DESTIN FL 32550	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HARRIS, PHYLLIS A. 102 MONARCH DR SANTA ROSA BEACH FL 32459	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HARRIS, HENRY H IV 238 MONARCH DR SANTA ROSA BCH FL 32459	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M STINSON JORDAN E. 201 E. COLLEGE BLD. # 61 NICEVILLE, FL 32578	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

H.H. Harris III P.A.S.

2-19.08

850-654-2611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #