## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## DOCUMENT # K45154

1. Entity Name

MAYPORT C & C FISHERIES, INC.



**FILED** Apr 27, 2007 08:00 AM Secretary of State

Principal Place of Business

% MR. ATILLO CERQUEIRA

36 WEST 6TH STREET ATLANTIC BEACH, FL 32233 US Mailing Address

% MR. ATILLO CERQUEIRA 36 WEST 6TH STREET ATLANTIC BEACH, FL 32233

US

04202007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0085847

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

5. Name and Address of Current Registered Agent

CERQUEIRA, ATILLO 36 WEST 6TH STREET ATLANTIC BEACH, FL 32233

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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 A				e required when remaining)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campalgn Financir     Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CERQUERIA, ATILLIO 36 WEST 6TH STREET ATLANTIC BEACH, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000737733 05/11/07-80037-023 150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information					

indicated on this report or supplies applied with an address not quality in the exemptoris contained in onepter 119, richida statutes. Further certify that the minimator indicated on this report or supplies applied to 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 807, 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: