2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K84465

FILED Jan 24, 2006 Secretary of State

Entity Name: GYPSY SEAFOOD, INC.									
Current Principal Place of Business:				N	New Principal Place of Business:				
501 WEST JACKSON\									
Current Mailing Address:				New Mailing Address:					
501 WEST JACKSON\									
FEI Number:	59-2947071	FE	Number Applied For ()	FEI Numb	er Not Appli	cable ()	Certificate of Status	s Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:									
PARRISH, I 501 WEST JACKSON\	BAY STRE	EΤ	US						
The above in the State			its this statement for the	purpose of o	changing it	s registered	d office or registered	agent, or both,	
SIGNATUR	E:								
Electronic Signature of Registered Agent							Date		
Election Cam	paign Finan	cing Trus	t Fund Contribution ().						
OFFICERS AND DIRECTORS:				A	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	D PARRISH, F 501 W. BAY JACKSONV	ST.		N A	itle: lame: .ddress: city-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	D CARLSON, 2409 PINE JACKSONV	ISLAND C	CK W, .	A A	itle: lame: .ddress: city-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	D TIMOTHY G 2804 ST. JO JACKSONV	DHNS BLU	JFF ROAD SOUTH	N A	itle: lame: .ddress: city-St-Zip:		(X) Change () Addition OTHY G OHNS BLUFF ROAD SOU LLE, FL 32246		
Title: Name: Address: City-St-Zip:	D JOHN W. SI 8100 CYPR PONTE VEL	ESS HOL	LOW COURT	A A	itle: lame: .ddress: city-St-Zip:		(X) Change () Addition N W ESS HOLLOW COURT IRA BEACH, FL		
Title:	D	() Delet	e	Т	itle:	D	(X) Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

CARLSON, KEVIN R

ATLANTIC BEACH, FL 32233

76 LEVY ROAD

SIGNATURE: TIMOTHY G. SHEA D 01/24/2006

KEVIN R. CARLSON,

ATLANTIC BEACH, FL 32233

76 LEVY ROAD

Name:

Address:

City-St-Zip: