

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 08:00 AM
Secretary of State

DOCUMENT # L97826 1. Entity Name NIPPER'S SEAFOOD, INC.	
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Principal Place of Business 6002 NATURAL BRIDGE RD TALLAHASSEE, FL 32311 US	Mailing Address 6002 NATURAL BRIDGE RD TALLAHASSEE, FL 32311 US
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DO NOT WRITE IN THIS SPACE

02222008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3025190	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NIPPER, CHARLIE E. 6002 NATURAL BRIDGE RD TALLAHASSEE, FL 32311	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIPPER, CHARLIE E. 6002 NATURAL BRIDGE RD TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIPPER, CURTIS L. 7509 WOODVILLE HWY. TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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03/21/08-80005-005 150.00

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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 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: Charlie Nipper Charlie Nipper 3-5-8 850-421-4505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #