

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90136 036 ***150.00

DOCUMENT # M65926

1. Entity Name

LOCATOR FISHING VESSELS, INC.



Principal Place of Business

45 OREGON DRIVE
% GARY H. GUTHRIE
FT. WALTON BEACH FL 32548
US

Mailing Address

45 OREGON DRIVE
% GARY H. GUTHRIE
FT. WALTON BEACH FL 32548
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

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-2870281

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUTHRIE, GARY H.
45 OREGON DRIVE
FT WALTON BEACH FL 32548

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 reconstituting)

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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	GUTHRIE, GARY H.	
STREET ADDRESS	45 OREGON DR.	
CITY-ST-ZIP	FORT WALTON BEACH FL 32548	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	LINDA M. GUTHRIE	
STREET ADDRESS	45 OREGON DRIVE	
CITY-ST-ZIP	FT WALTON BEACH FL 32548	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDA M GUTHRIE	
STREET ADDRESS	45 OREGON DRIVE	
CITY-ST-ZIP	FT. WALTON BEACH, FL 32548	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *Gary H. Guthrie* **GARY H. GUTHRIE** 4-9-08 850-244-1823
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #