2007 NOT-FOR-PROFIT CORPORATION

Apr 12, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # N02000007852 04-12-2007 90029 010 ****61.25 1. Entity Name SOUTHERN SHRIMP ALLIANCE, INC. Principal Place of Business Mailing Address 40057867 6631 RIDGE TOP DRIVE 6631 RIDGE TOP DRIVE **NEW PORT RICHEY, FL 34655** NEW PORT RICHEY, FL 34655 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Post Office Box 1577 955 W. MLK. Jr. Drive Suite, Apt. #, etc. Suite, Apt. #, etc. 03122007 Chg-NP CR2E037 (12/06) Suite D City & State Applied For City & State 4. FEI Number 14-1857764 Not Applicable Tarpon Springs, Tarpon Springs, FLFICountry \$8.75 Additional 5. Certificate of Status Desired Fee Required <u> 34689</u> 34688 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WILLIAMS, JOHN 6631 RIDGE TOP DRIVE Street Address (P.O. Box Number is Not Acceptable) 955 E. MLK, Jr. Drive NEW PORT RICHEY, FL 34655 Zip Code City 34689 <u>Tarpon Springs</u> 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to П Due by May 1, 2007 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD TITLE XX Delete TITLE PD XXI Channe ☐ Addition RODRIGUEZ, JOEY NAME NAME KNIGHT, ELAINE P.O. BOX 842 STREET ADDRESS STREET ADDRESS P.O. BOX 1664 CITY-ST-ZIP BAYOU LA BATRE, AL 36509 CITY-ST-7/P BRUNSWICK, GA 31521 VD ☐ Delete ☐ Change ☐ Addition TITLE TITLE. VARSAGGI, SALVATORE J NAME NAME STREET ADDRESS 32 ADALIA AVENUE STREET ADDRESS CITY-ST-7IP **TAMPA, FL 33606** CITY-ST-ZIP STD ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME CABLE, CLAY NAME STREET ADDRESS STREET ADDRESS 116 PALM BLVD ISLE PALM, SC 29451 CITY-ST-ZIP CITY-ST-ZIF Change [Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 617, 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.

TITLE

NAME

STREET ADDRESS CITY-ST-7IP

SIGNATURE:

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Daytime Phone #

☐ Change

☐ Addition

FILED

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

ATTACHMENT DOCUMENT # N02000007852 1. Entity Name SOUTHERN SHRIMP ALLIANCE, INC. Principal Place of Business Mailing Address 0057867 6631 RIDGE TOP DRIVE 6631 RIDGE TOP DRIVE **NEW PORT RICHEY, FL 34655 NEW PORT RICHEY, FL 34655** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 955 W. MLK, Jr. Drive Post Office Box 1577 Suite, Apt. #, etc. Suite, Apt. #, etc. 03122007 Chg-NP CR2E037 (12/06) Suite D 4. FEI Number 14-1857764 Applied For City & State City & State Not Applicable Tarpon Springs, FLTarpon Springs, FL Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 34688 <u>34689</u> <u>IIS</u> 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILLIAMS, JOHN Street Address (P.O. Box Number is Not Acceptable) 955 E. M.K., Jr. Drive 6631 RIDGE TOP DRIVE **NEW PORT RICHEY, FL 34655** City Zip Code 34689 Tarpon Springs 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 DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Florida Department of State Trust Fund Contribution. Added to Fees Due by May 1, 2007 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. PD XX Delete PD XX Change TITLE TITLE NAME RODRIGUEZ, JOEY NAME KNIGHT, ELAINE STREET ADDRESS STREET ADDRESS P.O. BOX 842 P.O. BOX 1664 BAYOU LA BATRE, AL 36509 CITY-ST-ZIP CITY-ST-ZIP BRUNSWICK, GA 31521 VD ☐ Change ☐ Addition TITLE ☐ Delete TITLE VARSAGGI, SALVATORE J NAME NAME 32 ADALIA AVENUE STREET ADDRESS STREET ADDRESS TAMPA, FL 33606 CITY-ST-ZIP CITY-ST-ZiP STD Change ☐ Addition TITLE ☐ Delete CABLE, CLAY NAME NAME 116 PALM BLVD STREET ADDRESS STREET ADDRESS ISLE PALM, SC 29451 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS 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 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 617, 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.

Daytime Phone #

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