


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90029 010 ****61.25

DOCUMENT # N02000007852 1. Entity Name SOUTHERN SHRIMP ALLIANCE, INC.					
Principal Place of Business 6631 RIDGE TOP DRIVE NEW PORT RICHEY, FL 34655			Mailing Address 6631 RIDGE TOP DRIVE NEW PORT RICHEY, FL 34655		
2. Principal Place of Business - No P.O. Box # 955 W. MLK, Jr. Drive Suite, Apt. #, etc. Suite D		3. Mailing Address Post Office Box 1577 Suite, Apt. #, etc.			
City & State Tarpon Springs, FL		City & State Tarpon Springs, FL		4. FEI Number 14-1857764	
Zip 34689		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, JOHN 6631 RIDGE TOP DRIVE NEW PORT RICHEY, FL 34655			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 955 E. MLK, Jr. Drive Suite D City Tarpon Springs FL Zip Code 34689		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, JOEY P.O. BOX 842 BAYOU LA BATRE, AL 36509	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KNIGHT, ELAINE P.O. BOX 1664 BRUNSWICK, GA 31521
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VARSAGGI, SALVATORE J 32 ADALIA AVENUE TAMPA, FL 33606	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CABLE, CLAY 116 PALM BLVD ISLE PALM, SC 29451	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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.					
SIGNATURE: <u><i>Salvatore J. Varsaggi</i></u> 4-3-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



40057867



03122007 Chg-NP CR2E037 (12/06)

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ATTACHMENT

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SIGNATURE: 			Date: 4-3-07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		

ATTACHMENT
H0057867
#102000007852

SOUTHERN SHRIMP ALLIANCE, INC.		1424
OFFICE ACCOUNT 1078 ISLAND AVE. TARPON SPRINGS, FL 34689 (727) 945-9325		
PAY TO THE ORDER OF	Florida Department of State	DATE April 3, 2007
Supply - one \$ 25/100		\$ 61.25
SYNOVUS BANK OF TAMPA BAY		DOLLARS
FOR Dep. annual report	MJ	