


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90188 016 \*\*\*\*70.00

<b>DOCUMENT # N03000003561</b> 1. Entity Name <b>THE FLORIDA EAST COAST SHRIMP PRODUCERS, INC.</b>			
Principal Place of Business 501 CLENTREE STREET SUITE 101 FERNANDINA BEACH, FL 32034		Mailing Address FLORIDA E. COAST SHRIMP PRODUCERS P.O. BOX 373 YULEE, FL 32041	
2. Principal Place of Business - No P.O. Box # <b>95289 NASSAU RIVER RD</b>		3. Mailing Address Suite, Apt. #, etc.	
City & State <b>FERNANDINA BEACH FL</b>		City & State Suite, Apt. #, etc.	
Zip <b>32034-9523</b>		Country <b>USA</b>	
4. FEI Number <b>20-0017437</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>RAUER, LANNY M</b> <b>501 CENTRE STREET</b> <b>SUITE 101</b> <b>FERNANDINA BEACH, FL 32034</b>		7. Name and Address of New Registered Agent Name <b>ARTHUR I. JACOBS P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>961687 GATEWAY BLVD SUITE I</b> <b>FERNANDINA BEACH</b> City <b>FERNANDINA BEACH</b> FL <b>32034</b>	
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 <b>ARTHUR I JACOBS, P.A.</b> <i>[Signature]</i> <b>4/9/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>		<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WILES, SONNY J JR 4986 HECKSCHER DRIVE JACKSONVILLE, FL 32226	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP THOMPSON, E. ANDREW SR. 1415 BROAD ST - B MAYPORT, FL 32233	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RODRIGUEZ, SONIA 10350 NW 32ND AVE MIAMI, FL 331471102	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CHEW, THOMAS J 5006 HECKSCHER DR. JACKSONVILLE, FL 32226	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete	
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.			
<b>SIGNATURE:</b> <i>[Signature]</i> <b>4/9/07</b> <b>904-626-5722</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	