

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90058 039 ****70.00

DOCUMENT # N03000003561					
1. Entity Name THE FLORIDA EAST COAST SHRIMP PRODUCERS, INC.					
Principal Place of Business 95289 NASSAU RIVER RD 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 #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0017437	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JACOBS, ARTHUR I PA 961687 GATEWAY BLVD SUITE 201 I FERNANDINA BEACH, FL 32034			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when re-registering)					
DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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 PD	NAME WILES, SONNY J JR	<input type="checkbox"/> Delete	TITLE NAME	WILES, SONNY J.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4986 HECKSHER DRIVE	JACKSONVILLE, FL 32226				
CITY-ST-ZIP	JACKSONVILLE, FL 32226				
TITLE VP	NAME THOMPSON, E. ANDREW SR.	<input type="checkbox"/> Delete	TITLE NAME	V/P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1415 BROAD ST- B	MAYPORT, FL 32233				
CITY-ST-ZIP	MAYPORT, FL 32233				
TITLE D	NAME RODRIGUEZ, SONIA	<input type="checkbox"/> Delete	TITLE NAME	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 10350 NW 32ND AVE	MIAMI, FL 331471102				
CITY-ST-ZIP	MIAMI, FL 331471102				
TITLE TD	NAME CHEW, THOMAS J	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 5006 HECKSCHER DR.	JACKSONVILLE, FL 32226				
CITY-ST-ZIP	JACKSONVILLE, FL 32226				
TITLE NAME	<input type="checkbox"/> Delete				
STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME	<input type="checkbox"/> Delete				
STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: X <i>Sonny J. Wiles</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <i>3/6/08</i> Daytime Phone # <i>904-691-261-6615</i>					