

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003561

FILED
Apr 04, 2009
Secretary of State

Entity Name: THE FLORIDA EAST COAST SHRIMP PRODUCERS, INC.

Current Principal Place of Business:

95289 NASSAU RIVER RD
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

Current Mailing Address:

FLORIDA E. COAST SHRIMP PRODUCERS
P.O. BOX 373
YULEE, FL 32041

New Mailing Address:

FEI Number: 20-0017437 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JACOBS, ARTHUR I PA
961687 GATEWAY BLVD
SUITE 201 I
FERNANDINA BEACH, FL 32034 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILES, SONNY J
Address: 4986 HECKSHER DRIVE
City-St-Zip: JACKSONVILLE, FL 32226

Title: VPD () Delete
Name: THOMPSON, E. ANDREW SR.
Address: 1415 BROAD ST- B
City-St-Zip: MAYPORT, FL 32233

Title: SD () Delete
Name: RODRIGUEZ, SONIA
Address: 10350 NW 32ND AVE
City-St-Zip: MIAMI, FL 331471102

Title: TD () Delete
Name: CHEW, THOMAS J
Address: 5006 HECKSCHER DR.
City-St-Zip: JACKSONVILLE, FL 32226

Title: VPD () Delete
Name: AUTORE, SANDRA J
Address: 85 462 AVANT ROAD
City-St-Zip: YULEE, FL 320974802

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SONNY J WILES

PD

04/04/2009

Electronic Signature of Signing Officer or Director

Date