

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003240

FILED
Apr 28, 2009
Secretary of State

Entity Name: HISTORIC CAPTIVA SHOAL FISH SHACK, INC.

Current Principal Place of Business:

99 NESBIT STREET
PUNTA GORDA, FL 33950 US

New Principal Place of Business:

Current Mailing Address:

C/O MICHAEL P. HAYMANS
99 NESBIT STREET
PUNTA GORDA, FL 33950 US

New Mailing Address:

FEI Number: 20-4614960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAYMANS, MICHAEL P
99 NESBIT STREET
PUNTA GORDA, FL 33950 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: VD () Delete
Name: BEVIS, J. LYN
Address: 39311 WASHINGTON LOOP ROAD
City-St-Zip: PUNTA GORDA, FL 33982 US

Title: TD () Delete
Name: DESGUIN, V. FRANK
Address: 426 TAYLOR ST
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: SD () Delete
Name: MILLER, ROGER H III
Address: 99 NESBIT STREET
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: P () Delete
Name: HAYMANS, MICHAEL P
Address: 99 NESBIT STREET
City-St-Zip: PUNTA GORDA, FL 33950 US

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:

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: MICHAEL P. HAYMANS

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date