2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2009
Secretary of State

DOCUMENT# N08000006068

Entity Name: SHRIMPER'S CO-OP, INC.

Current Principal Place of Business:

THOMAS, JANIE G.
95289 NASSAU RIVER RD.
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

Current Mailing Address:

THOMAS, JANIE G.
P.O. BOX 373
YULEE, FL 320410373

New Mailing Address:

FEI Number: 26-2869339 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS, JANIE G
95289 NASSAU RIVER RD.
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:	D	( ) Delete
Name:	ADAMS, MICHAEL R	
Address:	97275 BELLEVILLE LN.	
City-St-Zip:	YULEE, FL 32097	
Title:	D	( ) Delete
Name:	AUTORE, SANDRA J	
Address:	85462 AVANT RD.	
City-St-Zip:	YULEE, FL 32097	
Title:	D	( ) Delete
Name:	CHEW, THOMAS J	
Address:	5006 HECKSCHER DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32226	
Title:	D	( ) Delete
Name:	JONES, NANCY G	
Address:	12656 MEADOWSWEET LN.	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	D	( ) Delete
Name:	THOMPSON, ANDREW SR.	
Address:	1415 BROAD ST.-B	
City-St-Zip:	ATLANTIC BEACH, FL 32233	
Title:	D	( ) Delete
Name:	WILES, SONNY J SR.	
Address:	4986 HECKSCHER DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32226	

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:	
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 R ADAMS D 04/04/2009
Electronic Signature of Signing Officer or Director — Date