

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39884

FILED  
Apr 15, 2008  
Secretary of State

Entity Name: SAVE OUR SEABIRDS, INC.

**Current Principal Place of Business:**

2709 CR 579  
WIMAUMA, FL 33598

**New Principal Place of Business:**

**Current Mailing Address:**

2709 CR 579  
WIMAUMA, FL 33598

**New Mailing Address:**

FEI Number: 59-3078536      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FOX, LEE  
2709 CR 579  
WIMAUMA, FL 33598      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:      PRES      ( ) Delete  
Name:      FOX, LEE,  
Address:      2709 CR 579  
City-St-Zip:      WIMAUMA, FL 33598

Title:      D      ( ) Delete  
Name:      PENNY, ANN  
Address:      731 64TH AVE  
City-St-Zip:      ST PETERSBURG, FL

Title:      D      ( ) Delete  
Name:      CASTRO, NANCY  
Address:      718 CAT TAIL COURT NE  
City-St-Zip:      ST PETERSBURG, FL 33703

Title:      D      ( ) Delete  
Name:      PENNY, JACK D  
Address:      731 64TH AVE.  
City-St-Zip:      ST. PETERSBURG BEACH, FL

Title:      D      ( ) Delete  
Name:      BYRNE, JAMES  
Address:      5040 FOURTH ST N  
City-St-Zip:      ST PETERSBRUG, FL 33701

Title:      D      ( ) Delete  
Name:      MCCRORY, RICHARD  
Address:      540 FOURTH ST N  
City-St-Zip:      ST PETERSBURG, FL 33701

**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: LEE FOX

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

04/15/2008

\_\_\_\_\_  
Date