

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42624

FILED
Apr 21, 2006
Secretary of State

Entity Name: EIGHT FLAGS SHRIMP FESTIVAL, INCORPORATED

Current Principal Place of Business:

FERNANDINA BEACH
FERNANDINA BEACH, FL 32034 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6146
FERNANDINA BEACH, FL 320356146 US

New Mailing Address:

FEI Number: 59-3054438

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POOLE, WESLEY R.
303 CENTRE ST
SUITE 200
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: ED () Delete
Name: PRICE, SANDRA L
Address: 203 BONNIEVIEW RD.
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: C () Delete
Name: DUNCAN, TODD
Address: 86153 FIELDSTONE
City-St-Zip: YULEE, FL 32097

Title: T () Delete
Name: WOODWARD, CHARMAINE
Address: 1787 CHESTER ROAD
City-St-Zip: YULEE, FL 32097

Title: D () Delete
Name: SIKES, MARY
Address: P O BOX 481
City-St-Zip: FERN BEACH, FL 32035

Title: D () Delete
Name: ROBERTS, BEANO
Address: P O BOX 87
City-St-Zip: FERNANDINA BEACH, FL 32035

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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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 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: SANDRA L. PRICE

ED

04/21/2006

Electronic Signature of Signing Officer or Director

Date