2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42624

FILED Mar 29, 2007 Secretary of State

Entity Name: EIGHT FLAGS SHRIMP FESTIVAL, INCORPORATED

Current Principal Place of Business: New Principal Place of Business: FERNANDINA BEACH FERNANDINA BEACH, FL 32034 US **Current Mailing Address: New Mailing Address:** P.O. BOX 6146 FERNANDINA BEACH, FL 320356146 US FEI Number: 59-3054438 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: POOLE, WESLEY R. 303 CENTRE ST SUITE 200 FERNANDINA BEACH, FL 32034 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition PRICE, SANDRA L Name: Name: 203 BONNIEVIEW RD. Address: Address: City-St-Zip: FERNANDINA BEACH, FL 32034 City-St-Zip: Title: () Delete Title: (X) Change () Addition DUNCAN, TODD Name: DUNCAN, TODD Name: Address: 86153 FIELDSTONE Address: 86153 FIELDSTONE City-St-Zip: YULEE, FL 32097 City-St-Zip: YULEE, FL 32097 Title: () Delete Title: (X) Change () Addition WOODWARD, CHARMAINE BOOK, BARBARA Name: Name: 1787 CHESTER ROAD Address: Address: 14 S. 6TH ST. City-St-Zip: FERNANDINA BEACH, FL 32034 YULEE, FL 32097 City-St-Zip: () Delete Title: D Title: (X) Change () Addition SIKES, MARY DEATON, MARK Name: Name: 1941 ISLAND WALK WAY Address: P O BOX 481 Address: FERN BEACH, FL 32035 City-St-Zip: City-St-Zip: FERNANDINA BEACH, FL 32035 Title: () Delete Title: (X) Change () Addition ROBERTS, BEANO ROBERTS, BEANO 14 Name: Name: P O BOX 87 P O BOX 87 Address: Address: FERNANDINA BEACH, FL 32035 City-St-Zip: City-St-Zip: FERNANDINA BEACH, FL 32035 Title: () Delete Title: () Change (X) Addition COXWELL, NANCY Name: Name: Address: Address: 2119 ATLANTIC AVENUE FERNANDINA BEACH, FL 32034 City-St-Zip: 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: SANDY PRICE ED 03/29/2007