


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2007 8:00 am
Secretary of State

03-08-2007 90014 030 ***150.00
07-26-2007 90031 044 ***558.75

DOCUMENT # P00000004686					
1. Entity Name ALLEN'S BAIT & SEAFOOD INC.					
Principal Place of Business 124 ELKINS ROAD INGLIS, FL 34449			Mailing Address 124 ELKINS ROAD INGLIS, FL 34449		
2. Principal Place of Business - No P.O. Box # 140 ELKINS ROAD		3. Mailing Address 140 ELKINS ROAD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Inglis, FL		City & State Inglis, FL		4. FEI Number 59-3616071	
Zip 34449		Country U.S.		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				07062007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent ALLEN, MARVIN J SR 124 ELKINS ROAD INGLIS, FL 34449			7. Name and Address of New Registered Agent Name: <u>Thomas Chau, President</u> Street Address (P.O. Box Number is Not Acceptable): <u>140 ELKINS ROAD</u> City: <u>Inglis</u> FL Zip Code: <u>34449</u>		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>[Signature]</u> DATE: <u>7-12-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ALLEN, MARVIN J SR 124 ELKINS ROAD INGLIS, FL 34449	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Thomas Chau, President 140 ELKINS ROAD INGLIS, FL 34449	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/S ALLEN, CANDICE D 124 ELKINS ROAD INGLIS, FL 34449	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/S Qin L. Yuan 140 ELKINS ROAD INGLIS, FL 34449	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>7-12-07</u> Daytime Phone #: _____		