## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000012131

**FILED** Jan 16, 2009 Secretary of State

Entity Name: MCLEOD SEAFOOD, INC. **Current Principal Place of Business: New Principal Place of Business:** 47 W. PINE ST. APALACHICOLA, FL 32320 **Current Mailing Address: New Mailing Address:** P.O. BOX 656 APALACHIOLA, FL 32329 FEI Number: 59-3626448 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: BENTLEY, KIMBERLY C BENTLEY, KIMBERLY C 431 ISLAND DRIVE SUITE 2 **181 US HIGHWAY 98** EASTPOINT, FL 32328 SUITE D EASTPOINT, FL 32328 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: KIMBERLY C BENTLEY 01/16/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition MCLEOD, EUGENE M SR. Name: Name: 47 W. PINE ST. Address: Address: City-St-Zip: APALACHICOLA, FL 32320 City-St-Zip: Title: Title: () Change () Addition () Delete Name: MCLEOD, CHRYL P Name: 47 W. PINE ST. Address: Address: APALACHICOLA, FL 32320 City-St-Zip: 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRYL MCLEOD 01/16/2009 D