

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000067779

1. Entity Name
EVELYN'S NEW ENGLAND SEAFOOD, INC.



Principal Place of Business
4115 NEPTUNE ROAD
ST. CLOUD, FL 34769

Mailing Address
4115 NEPTUNE ROAD
ST. CLOUD, FL 34769

DO NOT WRITE IN THIS SPACE



04292006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3019180

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUPONT, EVELYN
4115 NEPTUNE ROAD
ST. CLOUD, FL 34769

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
DUPONT, EVELYN
4115 NEPTUNE ROAD
ST. CLOUD, FL 34769

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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U00000561458
05/19/06-80015-016 158.75

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IN THIS SPACE**

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:

Evelyn M Dupont
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/06
Date

Daytime Phone #