2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# P01000093847

Entity Name: FLORIDA SWEET SHRIMP, INC.

Current Principal Place of Business:

2954 AIRGLADES BLVD.
CLEWISTON, FL 33440

New Principal Place of Business:

2954 AIRGLADES BLVD.
CLEWISTON, FL 33440 US

Current Mailing Address:

2954 AIRGLADES BLVD.
CLEWISTON, FL 33440

New Mailing Address:

2954 AIRGLADES BLVD.
CLEWISTON, FL 33440 US

FEI Number: 02-0688893 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAYES, THOMAS J VP
2954 AIRGLADES BLVD.
CLEWISTON, FL 33440

Name and Address of New Registered Agent:

HAYES, THOMAS J VP
2954 AIRGLADES BLVD.
CLEWISTON, FL 33440 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: _____ 04/27/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D/P ( ) Delete
Name: PEARL, ROBIN P
Address: 2954 AIRGLADES BLVD.
City-St-Zip: CLEWISTON, FL 33440 US

Title: VP/S ( ) Delete
Name: HAYES, THOMAS J VP/S
Address: 2954 AIRGLADES BLVD.
City-St-Zip: CLEWISTON, FL 33440 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: BOND, PETER D PRES
Address: 2954 AIRGLADES BLVD.
City-St-Zip: CLEWISTON, FL 33440 US

Title: VP (X) Change ( ) Addition
Name: HAYES, THOMAS J VP
Address: 2954 AIRGLADES BLVD.
City-St-Zip: CLEWISTON, FL 33440 US

Title: SEC ( ) Change (X) Addition
Name: BOND, PETER D SEC
Address: 2954 AIRGLADES BLVD.
City-St-Zip: CLEWISTON, FL 33440 US

Title: TREA ( ) Change (X) Addition
Name: HAYES, THOMAS J TREAS
Address: 2954 AIRGLADES BLVD.
City-St-Zip: CLEWISTON, FL 33440 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: THOMAS J HAYES VP 04/27/2004
Electronic Signature of Signing Officer or Director — Date