

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90023 023 ***150.00

DOCUMENT # P03000026246

1. Entity Name
J.T.'S SEAFOOD SHACK, INC.



Principal Place of Business
**5225 N. OCEANSHORE BLVD.
PALM COAST, FL 32137-3211**

Mailing Address
**5225 N. OCEANSHORE BLVD.
PALM COAST, FL 32137-3211**

50000004



2. Principal Place of Business - No P.O. Box #
5224 N. Oceanshore Blvd

3. Mailing Address

03042008 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Palm Coast, FL

City & State

4. FEI Number
54-2100142

Applied For
Not Applicable

Zip
32137

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCLEMORE, THEODORE
5225 N. OCEANSHORE BLVD.
PALM COAST, FL 32137-3211**

Name
John Doering

Street Address (P.O. Box Number is Not Acceptable)
5224 N. Oceanshore Blvd

City
Palm Coast

FL

Zip Code
32137

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 *John Doering*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/6/08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PDT** ☒ Delete
NAME **MCLEMORE, THEODORE**
STREET ADDRESS **5224 N. OCEANSHORE BLVD**
CITY-ST-ZIP **PALM COAST, FL 321373211**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VSD** ☐ Delete
NAME **DOERING, JOHN**
STREET ADDRESS **5224 N OCEANSHORE BLVD**
CITY-ST-ZIP **PALM COAST, FL 321373211**

TITLE **PDT** ☒ Change ☐ Addition
NAME **John Doering**
STREET ADDRESS **5224 N. Oceanshore Blvd**
CITY-ST-ZIP **Palm Coast, FL 32137**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

John Doering
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/08
Date

Daytime Phone #