

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90047 041 ***150.00

DOCUMENT # P03000116391	
1. Entity Name MISS CINDY'S SEAFOOD, INC.	

Principal Place of Business 13010 FISHERY RD PLACIDA, FL 33946	Mailing Address 6095 GILLOT BLVD PORT CHARLOTTE, FL 33981
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DO NOT WRITE IN THIS SPACE

40018134



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 42-1606809	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

VAN PETTEN, CINDY
6095 GILLOT BLVD
PORT CHARLOTTE, FL 33981

**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 obligation of the registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	D
NAME	VAN PETTEN, CINDY
STREET ADDRESS	6095 GILLOT BLVD
CITY - ST - ZIP	PORT CHARLOTTE, FL 33981
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
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: Cindy Van Petten 1/10/07 (941) 697-4930

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #