2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## **FILED** Feb 27, 2008 08:00 AN Secretary of State **DOCUMENT # P03000137880** 1. Entity Name CAPTAIN J & V SEAFOOD, INC. Principal Place of Business Mailing Address 4061 STARRATT ROAD 4061 STARRATT ROAD JACKSONVILLE FL 32226 JACKSONVILLE FL 32226 7 1 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 20-0418101 Not Applicable Zin Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VOGELSON, JASON Street Address (P.O. Box Number is Not Acceptable) 4061 STARRATT RD JACKSONVILLE FL 32226 City Zip Code 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 the Tappicacio. (NOTE Registered Appril scondure required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Change ☐ Addition TITLE ☐ Delete U00000841551 03/10/08-80022-019 150.00 VOGELSONG, JASON NAME NAME 4061 STARRATT RD STREET ADDRESS STREET ADDRESS CITY-ST-7IP JACKSONVILLE FL 32226 CITY-ST-ZIP ☐ Change ☐ Addition 🗀 Delete TITL P TITLE HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete THLE TOTALE NUME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP 12. Thereby ceruity that the information supplied with this filling does not qualify for the exemptions contained in Section 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.