## 2007 FOR PROFIT CORPORATION

## FILED Jan 29, 2007 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # P04000044897 AL MANCHESTER FISHERIES, INC. Principal Place of Business Mailing Address 801 S BROAD ST 801 S BROAD ST BROOKSVILLE, FL 34601 BROOKSVILLE, FL 34601 01172007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied Far 20-0849775 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JOHNSTON, DARRYL W DO NOT WRITE 29 S BROOKSVILLE AVENUE BROOKSVILLE, FL 34601 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 it applicable. (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be U000000607819 /31/07-80052-Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE MANCHESTER, AL NAME STREET ADDRESS 25547 LAKE LINDSEY RD BROOKSVILLE, FL 34601 CITY-ST-ZIP TITLE NAME STREFT ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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.

LAN MANCHESTER SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS