


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90386 040 \*\*\*150.00

<b>DOCUMENT # P05000048324</b> 1. Entity Name <b>CAJUN FISHERIES, INC.</b>			
Principal Place of Business <b>8451 NW 30TH STREET CHIEFLAND, FL 32626</b>		Mailing Address <b>12421 SR 24 CEDAR KEY, FL 32625</b>	
2. Principal Place of Business - No P.O. Box # <b>2791 NW 75TH TERRACE</b> Suite, Apt. #, etc.		3. Mailing Address <b>2791 NW 75TH TERRACE</b> Suite, Apt. #, etc.	
City & State <b>CHIEFLAND, FL</b>		City & State <b>CHIEFLAND -</b>	
Zip <b>32626</b>	Country <b>USA</b>	Zip <b>32626</b>	Country <b>USA</b>
4. FEI Number <b>76-0785697</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CAUSEY, KATHRYN F 12421 SR 24 CEDAR KEY, FL 32625</b>		7. Name and Address of New Registered Agent Name <b>JENNIFER L. MCGEE</b> Street Address (P.O. Box Number is Not Acceptable) <b>2791 NW 75TH TERRACE</b> City <b>CHIEFLAND</b> <b>FL</b> Zip Code <b>32626</b>	
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: <u>Jennifer McGee</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>4-9-08</u>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>MCGEE, CHARLES E III 8451 NW 30TH ST CHIEFLAND, FL 32626</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>MCGEE, LYNN A 8451 NW 30TH ST CHIEFLAND, FL 32626</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MCGEE, LYNN A.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>CAUSEY, KATHRYN 12421 SR 24 CEDAR KEY, FL 32625</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MCGEE, JENNIFER 2791 NW 75TH TERRACE CHIEFLAND, FL 32626</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Lynn A McGee</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>4-9-08</u> (352) 990-5946	