

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000052311

FILED  
Jun 05, 2007  
Secretary of State

Entity Name: CANNIBAL CORPSE CORPORATION

**Current Principal Place of Business:**

4814 N GRADY AVE  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 15717  
TAMPA, FL 33684

**New Mailing Address:**

FEI Number: 20-2663472      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MAZURKIEWICZ, PAUL JR  
4814 N GRADY AVE  
TAMPA, FL 33614      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MAZURKIEWICZ, PAUL JR.  
Address: 4814 N GRADY AVE  
City-St-Zip: TAMPA, FL 33614

Title: VP ( ) Delete  
Name: WEBSTER, ALEXANDER D  
Address: 1339 LORETTO CIRCLE  
City-St-Zip: ODESSA, FL 33556

Title: SEC ( ) Delete  
Name: FISHER, GEORGE  
Address: 1619 FIREWHEEL DR.  
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: T ( ) Delete  
Name: O'BRIEN, PATRICK Q  
Address: 4713 STONEPOINTE PL  
City-St-Zip: TAMPA, FL 33634

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL MAZURKIEWICZ, JR

P

06/05/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date