

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000052311

FILED
May 05, 2008
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:

37015 WATERSIDE DRIVE
ZEPHYRHILLS, FL 33541

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

P

05/05/2008

Electronic Signature of Signing Officer or Director

_____ Date