FILED
May 24, 2007 8:00 am
Secretary of State
05-24-2007 90005 016 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

Deposit Summary

DOCUMENT # P06000015199

1. Entity Name
CAPT'N JERRY'S GREAT SEAFOOD, INC.

Principal Place of Business	Mailing Address
719 SE ALBATROSS AVE PORT ST. LUCIE, FL 34983	719 SE ALBATROSS AVE PORT ST. LUCIE, FL 34983

[redacted]

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1666 SE Pt St	Capt Jerry's Great Seafood
Suite, Apt. #, etc: Lucie Blvd	Suite, Apt. #, etc: 1666 SE Prt St Lucie Blvd
City & State: Port St Lucie, FL	City & State: Port St Lucie, FL
Zip: 34952 Country: St Lucie	Zip: 34952 Country: St Lucie

05212007 Chg-P CR2E034 (12/06)

4. FEI Number: 20-4560216 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PERLSTEIN, MITCHELL
4800 N FEDERAL HWY
SUITE 307-B
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE P NAME Gerald W. NAVE STREET ADDRESS 719 SE ALBatross AV CITY-ST-ZIP Port St Lucie, FL 34983	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE VP NAME Steve Levy STREET ADDRESS 2157 Van Kleff AV CITY-ST-ZIP Port St Lucie, FL 34952	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Gerald W. NAVE 5-19-07 772-398-0075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #