


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 FEB 20 PM 1:50

DOCUMENT # P07000056309 1. Entity Name STINER'S OYSTER HOUSE, INC.					
Principal Place of Business 306 9TH ST WEST CARRABELLE, FL 32322			Mailing Address PO BOX 336 CARRABELLE, FL 32322		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02202008 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 30-0419487	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent STINER, CATHERINE 306 9TH ST WEST CARRABELLE, FL 32322		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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 STINER, CATHERINE 306 9TH ST WEST CARRABELLE, FL 32322	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HIDALGO, NANCY 306 9TH ST WEST CARRABELLE, FL 32322	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, IVA D 306 9TH ST WEST CARRABELLE, FL 32322	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRUM, MARY R 306 9TH ST WEST CARRABELLE, FL 32322	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, JOSEPH 306 9TH ST WEST CARRABELLE, FL 32322	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PILGER, KURT JR 306 9TH ST WEST CARRABELLE, FL 32322	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	0 Jessie Daniels 306 9th St West Carrabelle FL 32322				
<div style="text-align: right;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </div>					
<div style="text-align: right;"> 300118444193 02/20/08--01012--013 **150.00 </div>					
<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>					
<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>					
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: X Catherine Stiner <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					