

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000003405

FILED
Apr 27, 2009
Secretary of State

Entity Name: HARLEY ALLEN SEAFOOD, INC.

Current Principal Place of Business:

462 A HIGHWAY 98 WEST
APALACHICOLA, FL 32320

New Principal Place of Business:

Current Mailing Address:

462 A HIGHWAY 98 WEST
APALACHICOLA, FL 32320

New Mailing Address:

FEI Number: 59-1797568

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CREAMER, VIRGINIA ELLEN
186 FRED MEYERS ST
APALACHICOLA, FL 32320 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALLEN, JAMES LLOYD
Address: PO BOX 283
City-St-Zip: APALACHICOLA, FL 32320

Title: VPTD () Delete
Name: CREAMER, VIRGINIA ELLEN
Address: 186 FRED MEYERS ST
City-St-Zip: APALACHICOLA, FL 32320

Title: VPSD () Delete
Name: ALLEN, HARLEY D
Address: 20 ADAM STREET, PO BOX 935
City-St-Zip: EASTPOINT, FL 32328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ALLEN, JAMES LLOYD
Address: 23 BAYVIEW DRIVE, P O BOX 283
City-St-Zip: APALACHICOLA, FL 32320

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: JAMES LLOYD ALLEN

PD

04/27/2009

Electronic Signature of Signing Officer or Director

Date