2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2009
Secretary of State

DOCUMENT# P08000105136

Entity Name: PESCADOR SEAFOOD, INC.

Current Principal Place of Business:

16550 HODGES AVENUE
CEDAR KEY, FL 32625

New Principal Place of Business:

12170 SR 24
CEDAR KEY, FL 32625

Current Mailing Address:

16550 HODGES AVENUE
CEDAR KEY, FL 32625

New Mailing Address:

12170 SR 24
CEDAR KEY, FL 32625

FEI Number: 94-3456168 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

STEPHENSON, CARYN
16550 HODGES AVENUE
CEDAR KEY, FL 32625 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:	D, P	( ) Delete
Name:	STEPHENSON, SHAWN	
Address:	16550 HODGES AVENUE	
City-St-Zip:	CEDAR KEY, FL 32625	
Title:	D, S	( ) Delete
Name:	STEPHENSON, CARYN	
Address:	16550 HODGES AVENUE	
City-St-Zip:	CEDAR KEY, FL 32625	
Title:	D, V	( ) Delete
Name:	GILL, JONATHAN	
Address:	8604 W. PINE BLUFF STREET	
City-St-Zip:	CRYSTAL RIVER, FL 34428	
Title:	D, T	( ) Delete
Name:	GILL, JENNIFER	
Address:	8604 W. PINE BLUFF STREET	
City-St-Zip:	CRYSTAL RIVER, FL 34428	

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: CARYN STEPHENSON D, S 06/22/2009

Electronic Signature of Signing Officer or Director — Date