

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000078171

1. Entity Name
RDR SHRIMP CO., INC.



Principal Place of Business
2 CLEARVIEW BLVD
FT MYERS BEACH, FL 33931

Mailing Address

2 CLEARVIEW BLVD
FT MYERS BEACH, FL 33931

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02152007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0535565 L5-0535563 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KALLIAINEN, RICHARD A
2 CLEARVIEW BLVD
FT MYERS BEACH, FL 33931

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
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE STD
NAME KALLIAINEN, RICHARD A
STREET ADDRESS 2 CLEARVIEW BLVD
CITY-ST-ZIP FT MYERS BEACH, FL 33931

Delete

TITLE VDC
NAME KALLIAINEN, RICHARD L
STREET ADDRESS 780 WILSON AVE
CITY-ST-ZIP FT MYERS, FL 33931

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Richard Hallen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-07 234463-6084

Date

Daytime Phone #