


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90039 018 \*\*\*150.00

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
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**66006892**



**DO NOT WRITE IN THIS SPACE**

03042008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0535563	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  KALLIAINEN, RICHARD A 2 CLEARVIEW BLVD FT MYERS BEACH, FL 33931
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	STD KALLIAINEN, RICHARD A 2 CLEARVIEW BLVD FT MYERS BEACH, FL 33931
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VDC KALLIAINEN, RICHARD L 780 WILSON AVE FT MYERS, FL 33931
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**DO NOT WRITE  
IN THIS SPACE**

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 Kallia  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-08 239-463-6084  
Date Daytime Phone #