

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000091388

Entity Name: D & M SEAFOOD INC.

FILED
Mar 08, 2009
Secretary of State

Current Principal Place of Business:

15820 S TAMIAMI TR
FT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

2899 W. CROOKED STICK CT.
LECANTO, FL 34461

New Mailing Address:

FEI Number: 65-0628208

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENDERSON, MARK
2899 W. CROOKED STICK CT
LECANTO, FL 34461 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: VPD () Delete
Name: HENDERSON, DENNIS
Address: 21251 CARTER RD
City-St-Zip: ESTERO, FL 33928

Title: PD () Delete
Name: HENDERSON, MARK
Address: 2899 W. CROOKED STICK CT.
City-St-Zip: LECANTO, FL 34461

Title: S () Delete
Name: HENDERSON, LAURA
Address: 2899 W. CROOKED STICK CT.
City-St-Zip: LECANTO, FL 34461

Title: T () Delete
Name: HENDERSON, RANELL
Address: 21251 CARTER RD
City-St-Zip: ESTERO, FL 33928

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: MARK HENDERSON

PD

03/08/2009

Electronic Signature of Signing Officer or Director

Date