## 2008 FOR PROFIT CORPORATION

## FILED Feb 19, 2008 8:00 am ANNUAL REPORT (AR) Secretary of State DOCUMENT # P96000064954 1. Entity Name 02-19-2008 90029 047 \*\*\*150.00 ABCO SHRIMP, INC. Principal Place of Business Mailing Address 1523 HIGHLAND STREET FERNANDINA BEACH FL 32034 1523 HIGHLAND STREET FERNANDINA BEACH FL 32034 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 62-1654247 Not Applicable Zıp Country Z:pCountry \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COOK, A B III Street Address (P.O. Box Number is Not Acceptable) 1523 HIGHLAND STREET FERNANDINA BEACH FL 32034 City 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 (NOTE: Registered Agont aignature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PTD Delete DTI F Change ☐ Addition MAME COOK, A B III STREET ADDRESS 1523 HIGHLAND STREET STREET ADDRESS CITY-ST-ZIP FERNANDINA BEACH FL 32034 CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME COOK, PATRICE E NAME STREET ADDRESS 1523 HIGHLAND STREET STREET ADDRESS CITY-ST-ZIP FERNANDINA BEACH FL 32034 CITY-ST-ZIP De ete Addition HILE CEO THEF Change COOK AIFred BTV 1523 HighLand ST Fernancina Beach F132034 NAME COOK, ALFRED B III H-ME STREET ADDRESS STREET ADDRESS 1523 HIGHLAD ST CITY-ST-ZIP FERNANDINA BEACH FL 32034 CITY-ST-ZIP ☐ Change TITLE De ete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-2iP TITLE De ele TITLE ☐ Change ☐ Addition NAME МАМЕ STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CHY-ST-ZIP

Daytore Phone #