

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000087805

Entity Name: ACME LOBSTER COMPANY

FILED
May 04, 2007
Secretary of State

Current Principal Place of Business:

2121 SW PINE ISLAND ROAD
CAPE CORAL, FL 33991

New Principal Place of Business:

Current Mailing Address:

PO BOX 100850
CAPE CORAL, FL 339100850

New Mailing Address:

FEI Number: 65-0791231

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, CHARLES W
2121 SW PINE ISLAND ROAD
CAPE CORAL, FL 33991 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: PD () Delete
Name: JOHNSON, CHARLES W
Address: 15081 TAMARINO CAY
City-St-Zip: FORT MYERS, FL 33902

Title: S () Delete
Name: JOHNSON, BERNARD
Address: PO BOX 61212
City-St-Zip: FORT MYERS, FL 33906

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JOHNSON, CHARLES W
Address: 15081 TAMARIND CAY
City-St-Zip: FORT MYERS, FL 33902

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: CHARLES JOHNSON

PD

05/04/2007

Electronic Signature of Signing Officer or Director

_____ Date