

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000087805

Entity Name: ACME LOBSTER COMPANY

FILED  
Apr 03, 2008  
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 TAMARIND 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: ( ) 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: CHALRES W JOHNSON

P

04/03/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date