

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000052147

1. Entity Name
HOLEINTHEWATER SHRIMP CO.



Principal Place of Business
6702 RIVERSIDE DR.
YANKEETOWN, FL 34498

Mailing Address
6702 RIVERSIDE DR.
YANKEETOWN, FL 34498

DO NOT WRITE IN THIS SPACE

FILED
Apr 11, 2006 08:00 AM
Secretary of State



01132006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3516266	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

STEINGRESS, SUSAN W
6702 RIVERSIDE DR.
YANKEETOWN, FL 34498

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when revisiting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME STEINGRESS, SUSAN W
STREET ADDRESS 6702 RIVERSIDE DRIVE
CITY-ST-ZIP YANKEETOWN, FL 34498

1000000502266
04/25/06-80098-006 150.00

TITLE ST
NAME CANOVA, DANIEL
STREET ADDRESS 6702 RIVERSIDE DR
CITY-ST-ZIP YANKEETOWN, FL 34498

TITLE VP
NAME EMIG, LARRY
STREET ADDRESS 1079 SW BLUEWATER WAY
CITY-ST-ZIP STUART, FL 34997

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: *Susan W. Steingress, Pres.* 4/10/06 (352)447-0183

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #