

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 08:00 AM
Secretary of State

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**



02062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

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	

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**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
SUSAN W. STEINGRESS, PRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/07 (352) 447-0183
Date Daytime Phone #