


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 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
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DO NOT WRITE IN THIS SPACE



04162008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3516266	Applied For <input type="checkbox"/> 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**

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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 Agent signature required when reissuing) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD STEINGRESS, SUSAN W 6702 RIVERSIDE DRIVE YANKEETOWN, FL 34498
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST CANOVA, DANIEL 6702 RIVERSIDE DR YANKEETOWN, FL 34498
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP EMIG, LARRY 1079 SW BLUEWATER WAY 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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05/12/08-80026-018 150.00

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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, President* **4/21/08 (352)447-0183**

SUSAN W. STEINGRESS

Date Daytime Phone #