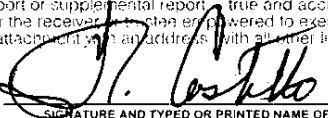


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000003433 1. Entity Name COSTELLO SHRIMP COMPANY						FILED 2008 JAN 17 PM 2:34 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 12670 NEW BRITTANY BLVD. #101 FORT MYERS, FL 33907				Mailing Address 12670 NEW BRITTANY BLVD. #101 FORT MYERS, FL 33907			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country				4. FEI Number 65-0887070			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable			
6. Name and Address of Current Registered Agent COSTELLO, TRUMAN J 12670 NEW BRITTANY BLVD. #101 FORT MYERS, FL 33907				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 address (if applicable) (NOTE: Registered Agent signature is required when recommended) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS COSTELLO, TRUMAN J 1221 SHADOW LANE FORT MYERS, FL 33901			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400116368554 01/29/08--01039--016 **450.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COSTELLO, JANON C 1219 VESPER DRIVE FORT MYERS, FL 33901			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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, and am 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: 				Truman J. Costello 1-11-08 239-939-2222			