

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000032753

Entity Name: MS. BACARDI SHRIMP, INC.

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

6641 CLARK STREET  
HUDSON, FL 34667 US

**New Principal Place of Business:**

**Current Mailing Address:**

6641 CLARK STREET  
HUDSON, FL 34667 US

**New Mailing Address:**

FEI Number: 59-3591028

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HORTON, WALTER N OWNER  
6641 CLARK STREET  
HUDSON, FL 34667 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: HORTON, WALTER N OWNER  
Address: 6641 CLARK STREET  
City-St-Zip: HUDSON, FL 34667 US

Title: D  
Name: HORTON, VICKI C OWNER  
Address: 6641 CLARK STREET  
City-St-Zip: HUDSON, FL 34667 US

I hereby 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 all other like empowered.

SIGNATURE: WALTER HORTON

OWNE

04/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date