

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000065156

Entity Name: KC'S SHRIMP SHACK INC.

FILED  
Jan 31, 2009  
Secretary of State

## Current Principal Place of Business:

13361 METRO PKWY.  
FT. MYERS, FL 33912

## New Principal Place of Business:

13361 METRO PKWY.  
FT. MYERS, FL 33966

## Current Mailing Address:

6819-1 PORTO FINO CIRCLE  
FT. MYERS, FL 33912

## New Mailing Address:

4331 VERONICA SHOEMAKER BLVD  
SUITE #6  
FT. MYERS, FL 33916

FEI Number: 65-0935426

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WINER, STEVEN I ESQ.  
ROETZEL & ADDRESS  
2320 FIRST STREET  
FORT MYERS, FL 33901 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: FENNELL, CHARLOTTE A  
Address: 6819-1 PORTO FINO CIRCLE  
City-St-Zip: FORT MYERS, FL 33912

Title: DVP ( ) Delete  
Name: HARSHMAN, KATHY  
Address: 6819-1 PORTO FINO CIRCLE  
City-St-Zip: FORT MYERS, FL 33912

Title: DST ( ) Delete  
Name: GRADY, SUZANNE  
Address: 6819-1 PORTO FINO CIRCLE  
City-St-Zip: FORT MYERS, FL 33912

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: FENNELL, CHARLOTTE A  
Address: 64331 VERONICA SHOEMAKER BLVD #6  
City-St-Zip: FORT MYERS, FL 33916

Title: DVP (X) Change ( ) Addition  
Name: HARSHMAN, KATHY  
Address: 4331 VERONICA SHOEMAKER BLVD #6  
City-St-Zip: FORT MYERS, FL 33916

Title: DST (X) Change ( ) Addition  
Name: GRADY, SUZANNE  
Address: 4331 VERONICA SHOEMAKER BLVD #6  
City-St-Zip: FORT MYERS, FL 33916

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SUZANNE M. GRADY

DST

01/31/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date