

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S75080

FILED
Mar 30, 2009
Secretary of State

Entity Name: SOUTHEASTERN SEAPRODUCTS, INC.

Current Principal Place of Business:

1500 MAPLE AVENUE
MELBOURNE, FL 32935 US

New Principal Place of Business:

Current Mailing Address:

1500 MAPLE AVE.
MELBOURNE, FL 32935 US

New Mailing Address:

FEI Number: 59-3083002 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAYNARD, MARK D
18 MARINA ISLAND BLVD
UNIT 204
INDIAN HARBOR BEACH, FL 32937 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: P () Delete
Name: MAYNARD, MARK D.,
Address: 18 MARINA ISLAND BLVD, UNIT 204
City-St-Zip: INDIAN HARBOR BEACH, FL 32937

Title: V () Delete
Name: MIRLING, GARY B
Address: 434 S NEPTUNE DR
City-St-Zip: SATELLITE BCH, FL 32937

Title: VP () Delete
Name: CHOUINARD, RAYMOND D
Address: 2915 NE CHIPPER DR
City-St-Zip: PALM BAY, FL 32905

Title: VP () Delete
Name: HAWKINS, RANDALL
Address: 1674 AVOCADO ST
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARK D. MAYNARD

P

03/30/2009

Electronic Signature of Signing Officer or Director

_____ Date