2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # V09932

1. Entity Name
CAPE CANAVERAL SHRIMP COMPANY, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 JUN 16 PM 4:45

Principal Place of Business	Mailing Address
688 S PARK AVENUE TITUSVILLE, FL 32796 US	PO BOX 269 CAPE CANAVERAL, FL 32920 US

06032008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3114562 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THOMPSON, RODNEY S PRES 860 SINGLETON AVE TITUSVILLE, FL 32796	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.

X SIGNATURE Rodney S Thompson 6/9/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

Amended AR is $61.25	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	PRES THOMPSON, RODNEY S PRES 860 SINGLETON AVE TITUSVILLE, FL 32796	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200131447852 06/18/08--01037--015 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC THOMPSON, MARY J SEC 860 SINGLETON AVE TITUSVILLE, FL 32796	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMPSON, LAURILEE D 860 SINGLETON AVE TITUSVILLE, FL 32796	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCOY, SHERYLANNE D 715 N TROPICAL TRAIL MERRITT ISLAND, FL 32953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMPSON, THOMAS A D 15 S HILLTOP DR TITUSVILLE, FL 32796	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Jeanna Merrifield 1595 S. Carpenter Rd Titusville, FL 32796	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	B 6/16/08 ☐ 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 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: Sherylanne T McCoy 6/9/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date