

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 28, 2007 08:00 AM
Secretary of State

DOCUMENT # V39983

1. Entity Name

SCHOONER'S SEAFOOD HOUSE, INC.



Principal Place of Business

3560 PONCE DE LEON BLVD.
SAINT AUGUSTINE FL 32095

Mailing Address

3560 PONCE DE LEON BLVD.
SAINT AUGUSTINE FL 32095



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

1st MOORE

CR2E034 (10/06)

4. FEI Number **59-3125943**

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

BUTCHER, CHARLES R.
3560 PONCE DE LEON BLVD.
ST. AUGUSTINE FL 32084

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPT ☐ Delete
NAME BUTCHER, CHARLES R
STREET ADDRESS 4198 S. FRANCIS RD
CITY- ST- ZIP ST. AUGUSTINE FL 32092

TITLE DVPS ☐ Delete
NAME BUTCHER, JUDITH E.
STREET ADDRESS 4198 S. FRANCIS RD
CITY- ST- ZIP ST. AUGUSTINE FL 32092

TITLE P ☐ Delete
NAME BUTCHER, CHARLES R
STREET ADDRESS 4198 S. FRANCIS RD.
CITY- ST- ZIP SAINT AUGUSTINE FL 32092

TITLE VPS ☐ Delete
NAME BUTCHER, JUDITH E
STREET ADDRESS 4198 S. FRANCIS RD.
CITY- ST- ZIP SAINT AUGUSTINE FL 32092

TITLE ☐ Delete
NAME BUTCHER, CHARLES R
STREET ADDRESS 4198 S. FRANCIS RD.
CITY- ST- ZIP SAINT AUGUSTINE FL 32092

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Judith E. Butcher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/07

904 826 0233

Date

Daytime Phone #