


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # G89990**  
 1. Entity Name  
**SEAFOOD ATLANTIC, INC.**



Principal Place of Business  
**520 GLENN CHEEK BLVD**  
**CAPE CANAVERA <AL, FL 32920 US**

Mailing Address  
**4065 TANGELO AVENUE**  
**COCOA, FL 32926**

**DO NOT WRITE IN THIS SPACE**



03292006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2377164** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**BUSSE, JAMES DONALD**  
**4065 TANGELO AVENUE**  
**COCOA, FL 32926**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO BUSSE, JAMES D 4065 TANGELO AVENUE COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BUSSE, LINDA 4065 TANGELO AVENUE COCOA, FL 32926
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U00000491644  
 04/19/06-80029-016 8.75

U00000491644  
 04/19/06-80029-015 150.00

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:** Linda Busse LINDA BUSSE 5/29/06 321 639 7764  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #