

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2007 08:00 AM
Secretary of State



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

Principal Place of Business Mailing Address
520 GLENN CHEEK BLVD 4065 TANGELO AVENUE
CAPE CANAVERA AL FL 32920 COCOA FL 32926
US US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State City & State

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

Zip Country Zip Country

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

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when remaining) 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 NAME STREET ADDRESS CITY- ST- ZIP	PD BUSSE, JAMES D 4065 TANGELO AVENUE COCOA FL 32926 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD BUSSE, LINDA 4065 TANGELO AVENUE COCOA FL 32926 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	U00000599228 01/25/07-80017-029 150.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	U00000599228 01/25/07-80017-030 8.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Linda Busse LINDA BUSSE 1/18/07 321639-7784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #