


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000100792
 1. Entity Name
PRIME CATCH, INC.



Principal Place of Business Mailing Address
900 E. ATLANTIC AVE., SUITE 12 **900 E. ATLANTIC AVE., SUITE 12**
DELRAY BCH FL 33483 **DELRAY BCH FL 33483**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt #, etc. Suite, Apt #, etc.

City & State City & State
 Zip Country Zip Country



MOORE CR2E034 (11/03)

4. FEI Number **65-1146014** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
PERRY, MARK A
900 E. ATLANTIC AVE., SUITE 12
DELRAY BCH FL 33483

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

B. 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, 2004 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	PTD	<input type="checkbox"/> Delete
NAME	THERIEN, JOHN	
STREET ADDRESS	900 E. ATLANTIC AVE., SUITE 12	
CITY - ST - ZIP	DELRAY BCH FL 33483	
TITLE	SD	<input type="checkbox"/> Delete
NAME	THERIEN, LUKE	
STREET ADDRESS	900 E ATLANTIC AVE STE 12	
CITY - ST - ZIP	DELRAY BEACH FL 33483	
TITLE	D	<input type="checkbox"/> Delete
NAME	THERIEN, GILLES	
STREET ADDRESS	900 E ATLANTIC AVE STE 12	
CITY - ST - ZIP	DELRAY BEACH FL 33483	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

U00000033689
 02/05/04-80052-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ **2/1/04** **561/278-0356**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #