## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P05000126885

1. Entity Name PERFECTION SEAFOOD, INC.



Principal Place of Business

Mailing Address

1885 SOUTH VOLUSIA AVENUE SUITE C ORANGE CITY, FL 32763 1885 SOUTH VOLUSIA AVENUE SUITE C ORANGE CITY, FL 32763

## FILED Apr 25, 2007 8:00 am Secretary of State

04-25-2007 90203 021 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

04092007 No Chg-P CR2E034 (11/05)

 4. FEI Number
 Applied For

 20-3485689
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PHILBRICK, JONATHAN B 1885 SOUTH VOLUSIA AVENUE SUITE C ORANGE CITY, FL 32763

## DO NOT WRITE IN THIS SPACE

			017.02		
8. The above the obligat	enamed entity submits this statement for the ptions of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or both, i	n the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered	d Agent signature	required when reinstating)	DATE
		Election Campaign Finan     Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS PHILBRICK, JONATHAN 1885 SOUTH VOLUSIA AVENUE SUI ORANGE CITY, FL 32763				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE					

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: \_

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02

386-409-7873

Daytime Phone #