

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 8:00 am
Secretary of State

01-17-2007 90049 048 ***150.00

DOCUMENT # P01000100792

1. Entity Name
PRIME CATCH, INC.



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

Mailing Address
**900 E. ATLANTIC AVE., SUITE 12
DELRAY BCH, FL 33483**

60002077



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
**PTD
THERIEN, JOHN
900 E. ATLANTIC AVE., SUITE 12
DELRAY BCH, FL 33483**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
THERIEN, LUKE
900 E ATLANTIC AVE STE 12
DELRAY BEACH, FL 33483**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
THERIEN, GILLES
900 E ATLANTIC AVE STE 12
DELRAY BEACH, FL 33483**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

JOHN THERIEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #