

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F98000001684

1. Entity Name  
TASTY SEAFOOD COMPANY



Principal Place of Business  
13 MARCONI LANE  
MARION, MA 02738

Mailing Address  
13 MARCONI LANE  
MARION, MA 02738

**FILED**  
**Aug 06, 2008 08:00 AM**  
**Secretary of State**



07242008 No Chg-P CR2E034 (11/05)

4. FEI Number  
54-1646501

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

LANGSTADT, OLIVER  
815 PONCE DE LEON BOULEVARD  
MIAMI, FL 33134

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 12, 2008**

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  
P  
LEVINE, PETER M  
13 MARCONI LANE  
MARION, MA 02738

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
C  
BEAULIEU, CHARLES A  
929 WOBURN COURT  
MCCLEAN, VA 22102

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BRUNNER, DALE A  
7310 HOOKING RD  
MC LEAN, VA 22102

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
SARFINO, GREG  
11921 ROCKVILLE PIKE  
ROCKVILLE, MD 20852

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000957146  
08/06/08-80001-012 550.00

**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:

*J. Gregory Sarfino*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/08

Date

Daytime Phone #