

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L52634**

Entity Name  
**VINA DEL MAR FISHERIES, INC.**



Principal Place of Business  
**1 THERESA I. HADLETT  
362 HERMOSITA DRIVE  
ST. PETERSBURG BEACH, FL 33706**

Mailing Address  
**%THERESA I. HADLETT  
362 HERMOSITA DRIVE  
ST. PETERSBURG BEACH, FL 33706**



01182008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2994523**

Applied For  
Not Applicable

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

**8. Name and Address of Current Registered Agent**

**HADLETT, THERESA I.  
362 HERMOSITA DRIVE  
ST. PETERSBURG BEACH, FL 33706**

000000396460  
01/30/06 80011-012 150.00

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 reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**OFFICERS AND DIRECTORS**

|                |                     |
|----------------|---------------------|
| NAME           | DPT                 |
| NAME           | HADLETT, HARLAN C.  |
| DIRECT ADDRESS | 362 HERMOSITA DRIVE |
| CITY-ST-ZIP    | ST. PETERSBURG, FL  |
| NAME           | VS                  |
| NAME           | HADLETT, THERESA I. |
| DIRECT ADDRESS | 362 HERMOSITA DRIVE |
| CITY-ST-ZIP    | ST. PETERSBURG, FL  |
| NAME           |                     |
| NAME           |                     |
| DIRECT ADDRESS |                     |
| CITY-ST-ZIP    |                     |
| NAME           |                     |
| NAME           |                     |
| DIRECT ADDRESS |                     |
| CITY-ST-ZIP    |                     |
| NAME           |                     |
| NAME           |                     |
| DIRECT ADDRESS |                     |
| CITY-ST-ZIP    |                     |

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 filers empowered.

SIGNATURE: *Theresa I Hadlett* *Theresa I Hadlett* *1/18/06* *727-434-7101*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #