## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # L52634 1. Entity Name VINA DEL MAR FISHERIES, INC. Mailing Address Principal Place of Business %THERESA I. HADLETT %THERESA I. HADLETT **362 HERMOSITA DRIVE** 362 HERMOSITA DRIVE ST. PETERSBURG BEACH, FL 33706 ST. PETERSBURG BEACH, FL 33706

**FILED** Jan 10, 2007 08:00 AM Secretary of State



## DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 01072007 No Chg-P

Applied For 4. FEI Number Not Applicable 59-2994523 \$8.75 Additional 5. Certificate of Status Desired 

6. Name and Address of Current Registered Agent

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

## DO NOT WRITE IN THIS SPACE

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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  Segment purpose of purpose fame of project name of p					
SIGNATURE————————————————————————————————————					
FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS	;		
TITLE NAMF	DPT HADLETT, HARLAN C.	!			•
STREET ADDRESS	362 HERMOSITA DRIVE				(* -
CITY-ST-ZIP	ST. PETERSBURG, FL		: 1		
TITLE	VS HADLETT, THERESA I.				
NAMÉ STREET ADDRESS	362 HERMOSITA DRIVE				
CITA-21-116	ST. PETERSBURG, FL.				
TITLE					
NAME STREET ADDRESS					
CITY-SI-ZIP				DO	NOT WRITE
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STREET ADDRESS CITY-ST-ZIP					!
TITLE					
NAME					
STREET ADDRESS CITY-ST-Z4P				•	
TITLE				•	
NAME	•				
STREET ADDRESS				•	
CITY-ST-ZIP			<u> </u>		
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information					

indicated on this raport or supplemental report is true and accurate and that my signal rie shall have the same legal effect as if made under eath; 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.