

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000046703

FILED  
Apr 08, 2008  
Secretary of State

Entity Name: THE SUMMER CATCH, INC

## Current Principal Place of Business:

9524 BLIND PASS ROAD  
STE 13  
ST. PETE BEACH, FL 33706

## New Principal Place of Business:

## Current Mailing Address:

9524 BLIND PASS ROAD  
STE 13  
ST. PETE BEACH, FL 33706

## New Mailing Address:

FEI Number: 59-3722377      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HANSEN, CLAIRE  
9524 BLIND PASS RD  
13  
ST. PETE BEACH, FL 33706 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: HANSEN, CLAIRE A  
Address: 9524 BLIND PASS RD STE 13  
City-St-Zip: ST. PETE BEACH, FL 33706 US

Title: V ( ) Delete  
Name: GLACKIN, TONY W  
Address: 6743 BONNIE BAY CIRCLE NORTH  
City-St-Zip: PINELLAS PARK, FL 33781 US

Title: S ( ) Delete  
Name: HANSEN, JOHN W  
Address: 6420 BOUGAINVILLE AVENUE SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33707 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAIRE HANSEN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

04/08/2008

\_\_\_\_\_  
Date