


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 17, 2007 8:00 am**  
**Secretary of State**

07-17-2007 90108 018 \*\*\*150.00

**DOCUMENT # P01000047766**

1. Entity Name  
**MOUNT THIS FISH, COMPANY**



Principal Place of Business  
**435 ISLAND OAKS PLACE**  
**MERRITT ISLAND, FL 32953**

Mailing Address  
**435 ISLAND OAKS PLACE**  
~~PORT CANAVERAL, FL 32953~~  
**MERRITT ISLAND**



07092007 No Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent  
**DENSON, TROY**  
**435 ISLAND OAKS PLACE**  
**MERRITT ISLAND, FL 32953**

4. FEI Number  
**59-3721924**

Applied For  
 Not Applicable

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES</b> <b>DENSON, TROY</b> <b>435 ISLAND OAKS PLACE</b> <b>MERRITT ISLAND, FL 32953</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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:** *Troy Denson, President* **Troy Denson** **7/11/07** **321-406-0424**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #