


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90188 037 \*\*\*150.00

DOCUMENT # P06000130017		
1. Entity Name SEBASTIAN LADY DEEP SEA FISHING, INC.		

Principal Place of Business 1651 INDIAN RIVER BOULEVARD SEBASTIAN, FL 32958	Mailing Address PO BOX 1047 SEBASTIAN, FL 32978
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 4412 5th Place S.W.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State Vero Beach, FL
Zip	Zip 32968
Country	Country



03262007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent ADAMS, HAROLD D 1651 INDIAN RIVER BOULEVARD SEBASTIAN, FL 32958		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, HAROLD D PO BOX 1047 SEBASTIAN, FL 32978 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  Harold Adams 03/23/07 (772) 589-2552  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #