

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 18, 2007 8:00 am**  
**Secretary of State**

05-18-2007 90026 029 \*\*\*150.00

**DOCUMENT # P98000061230**

1. Entity Name  
**TODAY'S FRESH CATCH, INC.**



Principal Place of Business  
**4116 LAMSON AVE.  
SPRING HILL, FL 34608**

Mailing Address  
**4116 LAMSON AVENUE  
SPRING HILL, FL 34608**

2. Principal Place of Business - No P.O. Box #  
**4417 Caliente St.**  
Suite, Apt. #, etc.

3. Mailing Address  
**4314 Lamson Ave.**  
Suite, Apt. #, etc.



03062007 Chg-P CR2E034 (12/06)

City & State  
**Hernando Beach, FL**  
Zip  
**34607**  
Country  
**USA**

City & State  
**Spring Hill, FL**  
Zip  
**34608**  
Country  
**USA**

4. FEI Number  
**65-0852902**  
Applied For  
☐ Not Applicable

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

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

**GIESE, STEVEN M  
4116 LAMSON AVENUE  
SPRING HILL, FL 34608**

**7. Name and Address of New Registered Agent**

Name  
**Giese, Steven M.**  
Street Address (P.O. Box Number is Not Acceptable)  
**1301 Tyler Avenue**  
City  
**Spring Hill** **FL** Zip Code  
**34608**

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: *Steven Giese* **Steven Giese**  
President

**5/1/07**

Signature, typed or printed name of registered agent and title if applicable.

(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**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P/D  
GIESE, STEVEN M  
1301 TYLER AVENUE  
SPRING HILL, FL 34608** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Steven Giese* **Steven Giese** President

**5/1/07**

**(352) 279-0765**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #