

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # S75479

1. Entity Name
 TAMPA BAY FISHERIES, INC.



Principal Place of Business
 3060 N GALLAGHER RD
 DOVER, FL 33527 US

Mailing Address
 PO BOX 750
 DOVER, FL 33527 US



02022006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3081479 Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PATERSON, ROBERT JR
 3060 N. GALLAGHER RD.
 DOVER, FL 33527

DO NOT WRITE IN THIS SPACE

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 _____

(Signature of the individual or registered agent and the filer only)

(Signature of registered agent or filer only)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

1100000421153
 02/16/06-80024-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	VPS
NAME	TAO, TOM
STREET ADDRESS	3060 N GALLAGHER RD
CITY ST ZIP	DOVER, FL 33527
TITLE	AST
NAME	CHAO, SHARON
STREET ADDRESS	1912 E. VERNON AVE.
CITY ST ZIP	LOS ANGELES, CA
TITLE	P
NAME	PATERSON, ROBERT JR
STREET ADDRESS	3060 N GALLAGHER RD
CITY ST ZIP	DOVER, FL 33527
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

DO NOT WRITE IN THIS SPACE

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: Robert Paterson **ROBERT PATERSON** 2/2/06 8002342561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE