


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2007 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



01162007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 59-3081479

Applied For  
 Not Applicable

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

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

000000613044  
 02/05/07-80022-021 150.00

**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 1/17/06 813 752 8883  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #