

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S75479

FILED
Jan 12, 2009
Secretary of State

Entity Name: TAMPA BAY FISHERIES, INC.

Current Principal Place of Business:

3060 N GALLAGHER RD
DOVER, FL 33527 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 750
DOVER, FL 33527 US

New Mailing Address:

FEI Number: 59-3081479 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPS () Delete
Name: TAO, TOM
Address: 3060 N GALLAGHER RD
City-St-Zip: DOVER, FL 33527

Title: AST () Delete
Name: CHAO, SHARON
Address: 1912 E. VERNON AVE.
City-St-Zip: LOS ANGELES, CA

Title: P () Delete
Name: PATERSON, ROBERT JR
Address: 3060 N GALLAGHER RD
City-St-Zip: DOVER, FL 33527

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM TAO

VP

01/12/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date