2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 17, 2007 08:00 AM DOCUMENT # S89954 **Secretary of State** ASC SEAFOOD, INC. Principal Place of Business Mailing Address **766 ELDORADO AVENUE** 6340 118TH AVE. N. LARGO, FL 33773 US CLEARWATER, FL 33767 01082007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3089397 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ANNAS, STEVE J. DO NOT WRITE **766 ELDORADO AVENUE** CLEARWATER, FL 33767 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, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent alignature required when reinstating) DATE \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees U00000588298 17/87-80088-004-150.00 10. OFFICERS AND DIRECTORS TITLE n ANNAS, STEVE J. NAME STREET ADDRESS **766 ELDORADO AVENUE** CITY-ST-ZIP CLEARWATER, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP
FITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

STUM WAS STEVE J. SANAS
SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

1-8-07 727 541 6896

FILED

Daytime Phone #