


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V12237 1. Entity Name DALE'S SEAFOOD INCORPORATED	
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Principal Place of Business 470 RIVERSIDE DRIVE TARPON SPRINGS, FL 34684	Mailing Address 470 RIVERSIDE DRIVE TARPON SPRINGS, FL 34684
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DO NOT WRITE IN THIS SPACE



03062008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0395937	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HEIST, H. ANTHONY
1661 ESTERO BLVD.
SUITE 16
FORT MYERS BEACH, FL 33932

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UN00000953736 07/09/08-80003-018 550.00
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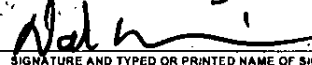
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KALLIAINEN, DALE 470 RIVERSIDE DRIVE TARPON SPRINGS, FL 34684
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Sorry Forgot to
File on time

Dale Kalliainen

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:  7-4-08 239-994-4135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____