

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # 485651

1. Entity Name

FLORIDA AQUATIC NURSERIES, INC.



Principal Place of Business

700 S FLAMINGO RD
FT LAUDERDALE FL 33325-3449
US

Mailing Address

700 S FLAMINGO RD
FT LAUDERDALE FL 33325-3449
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-1619864

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAHN, JEFFREY
5100 TOWN CENTER CIRCLE
SUITE 400
BOCA RATON FL 33486

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PTS ☐ Delete
NAME: MCLANE, BRADFORD
STREET ADDRESS: 700 S FLAMINGO RD
CITY-ST-ZIP: FORT LAUDERDALE FL 33325

TITLE: D ☐ Delete
NAME: MCLANE, BRADFORD G
STREET ADDRESS: 700 S FLAMINGO RD
CITY-ST-ZIP: FT LAUDERDALE FL 33325

TITLE: AS ☐ Delete
NAME: MCLANE, BEVERLY
STREET ADDRESS: 700 S FLAMINGO RD
CITY-ST-ZIP: FORT LAUDERDALE FL 33325

TITLE: V ☐ Delete
NAME: MCLANE, BRANDON
STREET ADDRESS: 700 S FLAMINGO RD
CITY-ST-ZIP: FT LAUDERDALE FL 33325

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS: 000000686887
CITY-ST-ZIP: 04/10/07-80018-016 150.00

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone *

Brad McLane Brad McLane

3/29/07