

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 485651

FILED
Jan 07, 2009
Secretary of State

Entity Name: FLORIDA AQUATIC NURSERIES, INC.

Current Principal Place of Business:

700 S FLAMINGO RD
FT LAUDERDALE, FL 333253449 US

New Principal Place of Business:

Current Mailing Address:

700 S FLAMINGO RD
FT LAUDERDALE, FL 333253449 US

New Mailing Address:

FEI Number: 59-1619864

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAHN, JEFFREY
5100 TOWN CENTER CIRCLE
SUITE 400
BOCA RATON, FL 33486 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: PTS () Delete
Name: MCLANE, BRADFORD
Address: 700 S FLAMINGO RD
City-St-Zip: FORT LAUDERDALE, FL 33325 US

Title: D () Delete
Name: MCLANE, BRADFORD G
Address: 700 S FLAMINGO RD
City-St-Zip: FT LAUDERDALE, FL 33325 US

Title: AS () Delete
Name: MCLANE, BEVERLY
Address: 700 S FLAMINGO RD
City-St-Zip: FORT LAUDERDALE, FL 33325 US

Title: V () Delete
Name: MCLANE, BRANDON
Address: 700 S FLAMINGO RD
City-St-Zip: FT LAUDERDALE, FL 33325 US

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:

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: BRADFORD MCLANE

PRES

01/07/2009

Electronic Signature of Signing Officer or Director

Date