
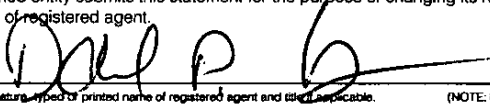
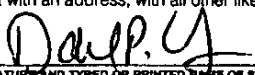


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90022 005 ****61.25

DOCUMENT # 722979					
1. Entity Name CLEARWATER MARINE AQUARIUM, INC.					
Principal Place of Business 249 WINDWARD PASSAGE CLEARWATER, FL 34630			Mailing Address 249 WINDWARD PASSAGE CLEARWATER, FL 33767 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 23-7242598	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RAYMOND, GERRI 249 WINDWARD PASSAGE CLEARWATER, FL 33767				Name: DAVID P. YATES	
				Street Address (P.O. Box Number is Not Acceptable)	
				1981 CASTILLE DR.	
				City: DUNEDIN FL Zip Code: 34698	
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: 				DATE: 2/23/06	
Filing Fee is \$61.25 Due by May 1, 2006				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PRES	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, CRAIG		NAME	HIGHTOWER, R. NATHAN	
STREET ADDRESS	100 ISLAND WAY		STREET ADDRESS	625 COURT ST STE 200	
CITY-ST-ZIP	CLEARWATER, FL 33767		CITY-ST-ZIP	CLEARWATER, FL 33755	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARADI, LESTER		NAME	PATTERSON, ROBERT K.	
STREET ADDRESS	201 HIGHLAND AVE		STREET ADDRESS	200 N. GARDEN AVENUE	
CITY-ST-ZIP	LARGO, FL 33770		CITY-ST-ZIP	CLEARWATER, FL 33755	
TITLE	SEC	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGHTOWER, R NATHAN		NAME	ARMSTRONG, JODY	
STREET ADDRESS	625 COURT ST STE 200		STREET ADDRESS	18012 3RD ST. E.	
CITY-ST-ZIP	CLEARWATER, FL 33755		CITY-ST-ZIP	REDINGTON SHORES, FL 33708	
TITLE	TRES	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VEGHTE, BRUCE		NAME		
STREET ADDRESS	418 MIDWAY ISLAND		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33767		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSKUN, STEVE		NAME		
STREET ADDRESS	3322 BRIARWOOD		STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR, FL 34695		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	David P. Yates	
STREET ADDRESS			STREET ADDRESS	1981 Castille Dr	
CITY-ST-ZIP			CITY-ST-ZIP	Dunedin, FL 34698	
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 617, 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: 				Date: 2/23/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	
				727-441-1790	