


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N17815</b> 1. Entity Name <b>FISHERMEN AGAINST DESTRUCTION OF ENVIRONMENT, INC.</b>		
Principal Place of Business <b>12911 NW 160TH ST OKEECHOBEE FL 34972 US</b>		Mailing Address <b>12911 NW 160TH ST OKEECHOBEE FL 34972 US</b>
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
<b>NELSON, WAYNE 12911 NW 160TH ST. OKEECHOBEE FL 34972</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b> Zip Code</div>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		



1st MOORE CR2E037 (10/04)

4. FEI Number **NO-T APPLICABLE** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD WALLACE, CRAIG <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add 100000227798 02/14/05-80013-014 70.00
STREET ADDRESS	10300 LEXINGTON STATES BLVD.	STREET ADDRESS	
CITY- ST- ZIP	BOCA RATON FL 33428	CITY- ST- ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	MARSOCCI, FRANK	NAME	
STREET ADDRESS	1505 HWY 78 W	STREET ADDRESS	
CITY- ST- ZIP	OKEECHOBEE FL 34974	CITY- ST- ZIP	
TITLE	ED <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	NELSON, WAYNE	NAME	
STREET ADDRESS	12911 NW 160TH ST.	STREET ADDRESS	
CITY- ST- ZIP	OKEECHOBEE FL 34972	CITY- ST- ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	LEONARD, CARL	NAME	
STREET ADDRESS	1100 SW 134TH AVE.	STREET ADDRESS	
CITY- ST- ZIP	OKEECHOBEE FL 34974	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Wayne L. Nelson **WAYNE L. NELSON** 2/9/05 863 357-7147  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #