


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90043 037 \*\*\*\*61.25

**DOCUMENT # N93000000535**

1. Entity Name  
**FLORIDA TROPICAL FISH FARMS TRADE ASSOCIATION, INC.**



Principal Place of Business  
**316 W CENTRAL AVE #200 WINTER HAVEN, FL 33880**

Mailing Address  
**P.O. BOX 1519 WINTER HAVEN, FL 33882**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip

4. FEI Number  
**59-3157238**

Applied For  
 Not Applicable

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

03112005 Chg-NP CR2E037 (10/03)



6. Name and Address of Current Registered Agent  
**BOOZER, DAVID**  
**316 W CENTRAL AVE #200**  
**WINTER HAVEN, FL 33880**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2005**

9. Election Campaign Financing  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DRAWDY, DAVID	
STREET ADDRESS	1507 WILLIAMS ROAD	
CITY-ST-ZIP	PLANT CITY, FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HENNESSY, MICHAEL	
STREET ADDRESS	7502 SYMMES ROAD	
CITY-ST-ZIP	GIBSONTON, FL 33534	
TITLE	D	<input type="checkbox"/> Delete
NAME	NORTON, PAUL	
STREET ADDRESS	2415 SE 30 ST	
CITY-ST-ZIP	RUSKIN, FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RAWLINS, ART	
STREET ADDRESS	3402 KENT PATH CT	
CITY-ST-ZIP	LITHIA, FL 33547	
TITLE	D	<input type="checkbox"/> Delete
NAME	DRAWDY, DONALD	
STREET ADDRESS	2720 GRIMES ROAD	
CITY-ST-ZIP	LAKELAND, FL	
TITLE	PPD	<input checked="" type="checkbox"/> Delete
NAME	MCLANE, BRAD	
STREET ADDRESS	700 S. FLAMINGO RD	
CITY-ST-ZIP	FT LAUDERDALE, FL 33325	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEFF CARTER	
STREET ADDRESS	11015 SUMNER RD	
CITY-ST-ZIP	WIMAUMA FL 33598	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 another like empowered.

**SIGNATURE:** \_\_\_\_\_ **3/28/05** **(813) 677-5475**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #