


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**


FILED
Mar 28, 2008 08:00 AM
Secretary of State

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
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03192008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3157238	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOOZER, DAVID
316 W CENTRAL AVE #200
WINTER HAVEN, FL 33880

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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

U00000874087
04/10/08-80104-011 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DRAWDY, DAVID
STREET ADDRESS	1507 WILLIAMS ROAD
CITY-ST-ZIP	PLANT CITY, FL
TITLE	DT
NAME	HENNESSY, MICHAEL
STREET ADDRESS	7502 SYMMES ROAD
CITY-ST-ZIP	GIBSONTON, FL 33534
TITLE	D
NAME	NORTON, PAUL
STREET ADDRESS	2415 SE 30 ST
CITY-ST-ZIP	RUSKIN, FL
TITLE	PD
NAME	RAWLINS, ART
STREET ADDRESS	3402 KENT PATH CT
CITY-ST-ZIP	LITHIA, FL 33547
TITLE	D
NAME	DAVID, GARRY
STREET ADDRESS	8956 N DEES RD
CITY-ST-ZIP	LAKELAND, FL 33809
TITLE	D
NAME	CARTER, JEFF
STREET ADDRESS	11015 SUMNER RD
CITY-ST-ZIP	WIMAUMA, FL 33598

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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:  **3/24/08** **(813) 677-5475**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #