

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000041984**  
 1. Entity Name  
**RL AQUAFOODS INCORPORATED**



Principal Place of Business      Mailing Address  
**2923 FOLKLORE DRIVE**      **2923 FOLKLORE DRIVE**  
**VALRICO, FL 33594**      **VALRICO, FL 33594**



05022005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**59-3582152**      Not Applicable  
 5. Certificate of Status Desired        **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**BLACKWOOD, LAWTON D**  
**2923 FOLKLORE DRIVE**  
**VALRICO, FL 33594**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 7, 2005**

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

**U00000363135**  
**05/05/05-80145-016 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	O'BRIEN D, RAYMOND
STREET ADDRESS	3433 LITHIA PINECREST RD., STE. 322
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	VP
NAME	BLACKWOOD, LAWTON D
STREET ADDRESS	3433 LITHIA PINECREST RD., STE. 322
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	ST
NAME	CUNNINGHAM, VERONICA D
STREET ADDRESS	3433 LITHIA PINECREST RD., STE. 322
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	OMGR
NAME	SMITH, CHERYL A
STREET ADDRESS	3433 LITHIA PINECREST RD., STE. 322
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 607, 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: Lawton D Blackwood  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date \_\_\_\_\_      Daytime Phone # \_\_\_\_\_