

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 485651

**Entity Name:** FLORIDA AQUATIC NURSERIES, INC.**Current Principal Place of Business:**2400 SW 154 AVE.  
DAVIE, FL 33326**Current Mailing Address:**2400 SW 154 AVE.  
DAVIE, FL 33326 US**FEI Number:** 59-1619864**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US*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.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PTS
Name	MCLANE, BRADFORD
Address	2400 SW 154 AVE.
City-State-Zip:	DAVIE FL 33326

Title	D
Name	MCLANE, BRADFORD G
Address	2400 SW 154 AVE
City-State-Zip:	DAVIE FL 33326

Title	AS
Name	MCLANE, BEVERLY
Address	2400 SW 154 AVE
City-State-Zip:	DAVIE FL 33326

Title	V
Name	MCLANE, BRANDON
Address	2400 SW 154 AVE
City-State-Zip:	DAVIE FL 33326

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRADFORD MCLANE

PTS

01/12/2022

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date