

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J42755

**Entity Name:** FLORIDA AQUA FARMS, INC.

**Current Principal Place of Business:**

33418 OLD SAINT JOE ROAD  
DADE CITY, FL 33525

**Current Mailing Address:**

33418 OLD SAINT JOE ROAD  
DADE CITY, FL 33525

**FEI Number:** 59-2770681

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HOFF, AUTUMN  
33148 OLD SAINT JOE RD.  
DADE CITY, FL 33525 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 PD  
Name HOFF, AUTUMN  
Address 33148 OLD SAINT JOE RD.  
City-State-Zip: DADE CITY FL 33525

Title VD  
Name HOFF, DUSTIN B  
Address 13823 12TH STREET  
City-State-Zip: DADE CITY FL 33525

Title STD  
Name HOFF, AUTUMN  
Address 33418 OLD SAINT JOE RD  
City-State-Zip: DADE CITY FL 33525

*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:** AUTUMN HOFF

**PRESIDENT**

**02/24/2017**

Electronic Signature of Signing Officer/Director Detail

Date