

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90191 022 \*\*\*\*61.25

**DOCUMENT # 770671**

1. Entity Name  
FLORIDA AQUACULTURE ASSOCIATION, INC.



Principal Place of Business  
316 W. CENTRAL AVE  
WINTER HAVEN, FL 33882 US

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

40063105



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip 33880

Country

Zip

Country

04242006 Chg-NP CR2E037 (11/05)

4. FEI Number  
59-2335313

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

BOOZER, DAVID  
332 WEST CENTRAL AVE  
PO BOX 1519  
WINTER HAVEN, FL 33882

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

316 W. Central Ave.,  
Suite 200

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME LEONARD, DAN  
STREET ADDRESS 7228 SUNNYBROOK BLVD  
CITY-ST-ZIP ENGLEWOOD, FL 34224

TITLE PD ☐ Delete  
NAME TANNER, MARTY  
STREET ADDRESS 218 SO WEBB RD  
CITY-ST-ZIP PLANT CITY, FL

TITLE D ☐ Delete  
NAME MAXWELL, ALAN  
STREET ADDRESS 50 SEA CRITTERS LANE  
CITY-ST-ZIP KEY LARGO, FL 33037

TITLE TD ☐ Delete  
NAME SOLANO, DANIEL  
STREET ADDRESS 11227 E. RIVERVIEW DR.  
CITY-ST-ZIP RIVERVIEW, FL 33569

TITLE D ☐ Delete  
NAME BRYNE, DONALD  
STREET ADDRESS RT. 14 BOX 36  
CITY-ST-ZIP LAKE CITY, FL

TITLE D ☐ Delete  
NAME DAVIS, MEGAN  
STREET ADDRESS 5600 US 1 NORTH  
CITY-ST-ZIP FORT PIERCE, FL 34946

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/06 863-293-5710