

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

**DOCUMENT # 770671**

1. Entity Name  
**FLORIDA AQUACULTURE ASSOCIATION, INC.**



Principal Place of Business  
**316 W. CENTRAL AVE  
WINTER HAVEN, FL 33880 US**

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



03192008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2335313</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BOOZER, DAVID  
316 W CENTRAL AVE STE 200  
WINTER HAVEN, FL 33882**

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

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

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

000000872518  
04/10/08-80040-022 61.25

**10. OFFICERS AND DIRECTORS**

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

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

TITLE DVP  
NAME EVANS, GENE  
STREET ADDRESS 1200 S LEAVITT AVE  
CITY-ST-ZIP ORANGE CITY, FL 32763

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

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

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

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IN THIS SPACE**

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:** *Daniel Solano, Treasurer* **3-24-08** **813-671-0699**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #