

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90296 013 ****61.25

DOCUMENT # 790879

1. Entity Name

FLORIDA TROPICAL FISH FARMS ASSOCIATION, INC.



Principal Place of Business

316 W CENTRAL AVE
#200
WINTER HAVEN FL 33880
US

Mailing Address

P.O. BOX 1519
WINTER HAVEN FL 33882
US

94055358



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1173989

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOOZER, DAVID
316 W CENTRAL AVE
#200
WINTER HAVEN FL 33880

Name

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

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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 PPD
NAME MCLANE, BRAD ☐ Delete
STREET ADDRESS 700 S FLAMINGO RD
CITY-ST-ZIP FT LAUDERDALE FL 33325

TITLE SD
NAME DRAWDY, DAVID ☐ Delete
STREET ADDRESS 1507 WILLIAMS RD
CITY-ST-ZIP PLANT CITY FL

TITLE D
NAME NORTON, PAUL ☐ Delete
STREET ADDRESS 2415 SE 30 ST
CITY-ST-ZIP RUSKIN FL

TITLE D
NAME DRAWDY, DONALD ☐ Delete
STREET ADDRESS 2720 GRIMES RD.
CITY-ST-ZIP LAKE LAND FL

TITLE TD
NAME HENNESSY, MIKE ☐ Delete
STREET ADDRESS 7502 SYMMES RD.
CITY-ST-ZIP GIBSONTON FL 33534

TITLE PD
NAME RAWLINS, ART ☐ Delete
STREET ADDRESS 3402 KENT PATH CT
CITY-ST-ZIP LITHIA FL 33547

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

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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 exemption stated in Section 119.07(3)(i), 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

MICHAEL K. HENNESSY

4/14/04

Date

(813) 677-5475

Daytime Phone #