

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # H89288

1. Entity Name
EKKWILL TROPICAL FISH FARM, INC.



Principal Place of Business
**7502 SYMMES ROAD
GIBSONTON, FL 33534**

Mailing Address
**7502 SYMMES ROAD
GIBSONTON, FL 33534**



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2620805

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HENNESSY, MICHAEL K
7502 SYMMES RD
GIBSONTON, FL 33534**

**DO NOT WRITE
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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
HENNESSY, TIMOTHY KELLY
7502 SYMMES RD.
GIBSONTON, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
HENNESSY, SHERRY A.
7502 SYMMES RD.
GIBSONTON, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
HENNESSY, MICHAEL K.
5501 N. BRANCH AVE.
TAMPA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000551553
05/13/06-80106-008 150.00

**DO NOT WRITE
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 607, 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

4/27/06 (813) 677-5475
Date Daytime Phone #