

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000989

FILED
Apr 18, 2005
Secretary of State

Entity Name: CEDAR KEY AQUACULTURE ASSOCIATION INC.

Current Principal Place of Business:

11350 SW 153RD CT
CEDAR KEY, FL 32625

New Principal Place of Business:

Current Mailing Address:

PO BOX 315
CEDAR KEY, FL 32625

New Mailing Address:

FEI Number: 33-0996187

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STURMER, LESLIE
11350 SW 153RD CT
CEDAR KEY, FL 32625 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: MYERS, JAY
Address: 781 7TH STREET
City-St-Zip: CEDAR KEY, FL 32625

Title: D () Delete
Name: COLSON, SUE
Address: 836 8TH STREET
City-St-Zip: CEDAR KEY, FL 32625

Title: D () Delete
Name: COOKE, RICKY
Address: 4071 D STREET
City-St-Zip: CEDAR KEY, FL 32625

Title: C () Delete
Name: HODGES, MIKE
Address: 12301 PINE STREET
City-St-Zip: CEDAR KEY, FL 32625

Title: S () Delete
Name: DELAINO, WILLIAM E JR
Address: 1191 8TH STREET
City-St-Zip: CEDAR KEY, FL 32625

Title: D () Delete
Name: HATHCOX, GARY
Address: 16891 SHERRYL ST
City-St-Zip: CEDAR KEY, FL 32625

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE HODGES

C

04/18/2005

Electronic Signature of Signing Officer or Director

Date