

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000989

FILED  
Apr 26, 2007  
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: T (X) Change ( ) Addition  
Name: SMITH, MIKE  
Address: P.O. BOX 15  
City-St-Zip: CEDAR KEY, FL 32625

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: S (X) Change ( ) Addition  
Name: CANTWELL, ROSE  
Address: P.O. BOX 725  
City-St-Zip: CEDAR KEY, FL 32625

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

04/26/2007

Electronic Signature of Signing Officer or Director

Date