2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005
Secretary of State

DOCUMENT# N00000005735

Entity Name: FLORIDA AQUATIC AND MARINE INSTITUTE, INC.

Current Principal Place of Business:

1704 CHERRY STREET
PANAMA CITY, FL 32404

New Principal Place of Business:

Current Mailing Address:

PO BOX 2116
PANAMA CITY, FL 32401

New Mailing Address:

1704 CHERRY ST.
PANAMA CITY, FL 32401

FEI Number: 59-3667977 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRIZZARD, DANNY
1704 CHERRY STREET
PANAMA CITY, FL 32404 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:	PD	( ) Delete
Name:	GRIZZARD, DANNY	
Address:	P.O. BOX 2116	
City-St-Zip:	PANAMA CITY, FL 32402	
Title:	VPD	( ) Delete
Name:	WATSON, JOHN	
Address:	5131 N. DRIVE	
City-St-Zip:	MOSS POINT, MS 39563	
Title:	SD	( ) Delete
Name:	GRIZZARD, LINDA	
Address:	P.O. BOX 2116	
City-St-Zip:	PANAMA CITY, FL 32402	
Title:	D	( ) Delete
Name:	DAVID, REDMOND	
Address:	8606 LAIRD STREET	
City-St-Zip:	PANAMA CITY, FL 32408	
Title:	D	( ) Delete
Name:	RICO, MARLON	
Address:	1722 ALLEN DR	
City-St-Zip:	DEFUNIAK SPRINGS, FL 32433	

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:	

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: DANNY GRIZZARD PD 02/28/2005

Electronic Signature of Signing Officer or Director — Date