

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Jan 11, 2005 8:00 am**  
**Secretary of State**

01-11-2005 90011 008 \*\*\*\*61.25

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01102005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # N01000005132</b>			
1. Entity Name APALACHICOLA BAY OYSTER DEALERS ASSOCIATION, INC.		Principal Place of Business 488 HWY 98 EASTPOINT, FL 32328	
Mailing Address P O BOX 730 EASTPOINT, FL 32328			
2. Principal Place of Business 488 Hwy 98 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 247 Suite, Apt. #, etc.	
City & State Eastpoint		City & State Eastpoint	
Zip 32328		Country Franklin	
4. FEI Number 59-3748707		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent TRAMMELL, JINNY 488 HWY 98 EASTPOINT, FL 32328		7. Name and Address of New Registered Agent Name Lynn Martina Street Address (P.O. Box Number is Not Acceptable) 869 C.C. Land Rd. P.O. Box 247 City Eastpoint FL Zip Code 32328	
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 <u>Lynn C. Martina</u> DATE <u>1-10-05</u> <small>Signature, type or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WARD, TOMMY 137 LONG RD APALACHICOLA, FL 32320 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MARTINA, LYNN 888 CC LAND RD EASTPOINT, FL 32328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD TRAMMELL, JINNY 67 10TH ST APALACHICOLA, FL 32320 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Sec Stephanie Barber 169 N. Bayshore Dr. Eastpoint, FL 32328
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Lynn C. Martina VP</u>		DATE <u>1-10-05</u> 850-670-8796	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	