# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 02, 2005 8:00 am**
**Secretary of State**
02-02-2005 90062 017 ****61.25

DOCUMENT # N02000007852

1. Entity Name
SOUTHERN SHRIMP ALLIANCE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 6631 RIDGE TOP DRIVE<br>NEW PORT RICHEY, FL 34655 | 6631 RIDGE TOP DRIVE<br>NEW PORT RICHEY, FL 34655 |

01282005 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 14-1857764 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| WILLIAMS, JOHN<br>6631 RIDGE TOP DRIVE<br>NEW PORT RICHEY, FL 34655 | Name<br>Street Address (P.O. Box Number Is Not Acceptable)<br>City **FL** Zip Code |

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 | D<br>BARISICH, GEORGE<br>1919 EAST JUDGE PEREZ DRIVE<br>CHALMETTE, LA 70043 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P/D<br>Gordon, Edward<br>1150 Deleisseliene Blvd.<br>Mt. Pleasant, SC 92464 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ANDERSON, ERNEST<br>13849 SHELL BELT ROAD<br>BAYOU LA BATRE, AL 36509 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP/D<br>Versaggi, Salvatore J.<br>32 Adalia Ave.<br>Tampa, FL 33606 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MOORE, RICHARD<br>ROUTE 3, BOX 789<br>DICKISON, TX 77539 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WILLIAMS, JOHN<br>6631 RIDGE TOP DRIVE<br>NEW PORT RICHEY, FL 34655 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S/T D<br>Williams, John<br>6631 Ridge Top Drive<br>New Port Richey, FL 34655 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FABRE, A.J.<br>2578 PRIVATEER BLVD.<br>BARATARIA, LA 70036 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DOPSON, DARLENE<br>P.O. BOX 690<br>ST. HELENA ISLAND, SC 29920 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ 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:** Salvatore J. Versaggi, VP Salvatore J. Versaggi V.P. 1-27-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #