


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90037 009 ****70.00

DOCUMENT # N03000003561 1. Entity Name THE FLORIDA EAST COAST SHRIMP PRODUCERS, INC.			
Principal Place of Business 501 CENTRE STREET SUITE 101 FERNANDINA BEACH, FL 32034		Mailing Address 501 CENTRE STREET SUITE 101 FERNANDINA BEACH, FL 32034	
2. Principal Place of Business PO Box 373 Suite, Apt. #, etc.		3. Mailing Address PO Box 373 Suite, Apt. #, etc.	
City & State VULEE FL Zip 32041-0373		City & State VULEE FL Zip 32041-0373	
Country USA		Country USA	
4. FEI Number 20-0017437		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAUER, LANNY M 501 CENTRE STREET SUITE 101 FERNANDINA BEACH, FL 32034		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and U.C. if applicable. (NOTE: Registered Agent's signature required when constituting)</small>			
Filing Fee is \$61.25 Due by May 1, 2004		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	D <input type="checkbox"/> Delete WILES, SONNY J JR 4986 HECKSHER DRIVE JACKSONVILLE, FL 32226	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Wiles, Sonny J SR 4986 Heckscher Dr Jacksonville FL 32226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete THOMPSON, E. ANDREW SR. 1415 BROAD ST-B MAYPORT, FL 32233	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Thompson, Andrew SR 1415 Broad St-B Mayport FL 32233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete RODRIGUEZ, SONIA 3315 SW 91ST AVENUE MIAMI, FL 33165	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CHEW, THOMAS J 5006 Heckscher Dr Jacksonville FL 32226
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 4/17/04 Day, Inc. Phone # 904-626-5722	