


**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90166 048 \*\*\*\*70.00

DOCUMENT # <b>N03000003561</b>	
1. Entity Name <b>THE FLORIDA EAST COAST SHRIMP PRODUCERS INC</b>	

**DO NOT WRITE IN THIS SPACE**

**20048203**

2. Principal Place of Business <b>501 Centre St</b> Suite, Apt. #, etc. <b>Suite 101</b> City & State <b>FERNANDINA BEACH FL</b> Zip <b>32034</b> Country <b>NASSAU</b>	3. Mailing Address <b>FLORIDA EAST COAST SHRIMP PRODUCERS Inc</b> P O Box 373 Yulee FL 32041-0373 Zip <b>32041</b> Country <b>NASSAU</b>
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DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number <b>20-0017437</b>	Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
	7. Name and Address of Current Registered Agent	
	Name <b>RAUER LANNY M</b> Street Address (P.O. Box Number Is Not Acceptable) <b>501 CENTRE STREET</b> <b>Suite 101</b> City <b>FERNANDINA BEACH</b> FL Zip Code <b>32034</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FEE IS \$61.25</b> Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <b>Riles, Sonny J. SR.</b> <b>4986 Heckscher Dr</b> <b>JACKSONVILLE FL 32226</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/D</b> <b>THOMPSON, E. Andrew SR.</b> <b>1415 BROAD ST - B</b> <b>MAYPORT FL 32253</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/D</b> <b>Chew, Thomas J.</b> <b>5006 Heckscher Dr</b> <b>JACKSONVILLE FL 32226</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Rodriguez, Sonia</b> <b>3315 SW 91st St</b> <b>MIAMI FL 33165</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **S. J. Riles** Date: **4-20-05** Phone: **904-626-5122**

CR2E037B (12/02)