## 2005 NOT FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N04000001383

WILD AMERICAN SHRIMP, INC.



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1078 ISLAND AVENUE 1		1078	Mailing Address 1078 ISLAND AVENUE TARPON SPRINGS, FL 34689				. 7 .			
2. Principal Place of Business		3. Mai	3. Mailing Address				<b>                                    </b>			IIIIBI BETUUF
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.			04192005	Chg-NP	CR2E03	37 (10/03)	
City & State		City & State			4. FEI Numbe 20071				oplied For	
Zip Country		Zig	Zip Country		ntry	1	of Status Desired		\$8.75 Add	ditional
	6. Name and Address of Curren	t Registere	ed Agent			7. Name and	Address of New I			
WILLIAMS	S JOHN				Name					
WILLIAMS, JOHN 1078 ISLAND AVENUE TARPON SPRINGS, FL 34689					Street Addres	s (P.O. Box Numbe	r is Not Acceptab	le)		
					City			FL	Zip Cod	le !
	named entity submits this statement f tions of registered agent.	or the purp	ose of changing its r	egistere	ed office or regis	tered agent, or both	n, in the State of F	lorida. I am	familiar with,	and accept
uio obligai	none of rogiciores agorii.									
SIGNATURE										
	Signature, typed or printed name of registered ager	nt and title if app	plicable. (NOTE:	Registere	d Agent signature requ	ired when reinstating)		DATE		
	Filing Fee is \$61.25 Due by May 1, 2005		<ol><li>Election Cam Trust Fund Co</li></ol>			\$5.00 May Be Added to Fees		Make checi rida Depar		
10.	-	IRECTORS	Trust Fund Co			Added to Fees		rida Depar	tment of S	tate
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TITLE NAME STREET ADDRESS	Due by May 1, 2005  OFFICERS AND D  DP  KNIGHT, ELAINE 229 UNION ST  BRUNSWICK, GA 31520  DV	IRECTORS	Trust Fund Co	11. TITLE NAME STREE	E ET ADDRESS	Added to Fees	Flo	rida Depar	RECTORS IN	tate V 10
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

**FILED** 

May 02, 2005 8:00 am Secretary of State

05-02-2005 90418 008 \*\*\*\*61.25