2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005433

FILED Apr 29, 2005 Secretary of State

Entity Name: GULF FISHERMEN'S ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2860 DARTMOUTH AVE N ST. PETE, FL 33713 **Current Mailing Address: New Mailing Address:** 2860 DARTMOUTH AVE N ST. PETE, FL 33713 FEI Number: 55-0869235 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PRUITT, DEAN 1336 BAYVIEW DR. CLEARWATER, FL 33713 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: P/D () Delete () Change () Addition DANIELS, KENNETH JR. Name: Name: 11247 51ST AV. N. Address: Address: City-St-Zip: ST. PETERSBURG, FL 33708 US City-St-Zip: Title: VP/D Title: () Delete () Change () Addition NAHON, MARK Name: Name: Address: 6837 37TH AV. N. Address: City-St-Zip: ST. PETERSBURG, FL 33710 US City-St-Zip: Title: T/D () Delete Title: () Change () Addition FISHER, MARTIN Name: Name: Address: 2860 DARTMOUTH AV. N. Address: City-St-Zip: ST. PETERSBURG, FL 33713 US City-St-Zip: Title: S/D () Delete Title: () Change () Addition Name: PRUITT, DEAN Name: 1336 BAYVIEW DR. Address: Address: City-St-Zip: CLEARWATER, FL 33756 US City-St-Zip: Title: VP/D () Delete Title: () Change () Addition BROOKS, GLENN Name: Name: 4082 BROOKSGANG Address: Address: City-St-Zip: LECANTO, FL 34461 US City-St-Zip: Title: () Delete Title: () Change () Addition JENKINS, PAUL JR Name: Name: Address: 10381 VALENCIA RD Address: SEMINOLE, FL 33772 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTIN FISHER T/D 04/29/2005