
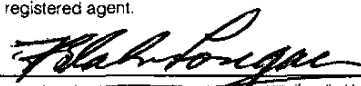



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90054 006 ****70.00

DOCUMENT # N26771			
1. Entity Name PIER AQUARIUM, INC.			
Principal Place of Business 800 SECOND AVENUE NORTHEAST ST. PETERSBURG, FL 33701		Mailing Address 800 SECOND AVENUE NORTHEAST ST. PETERSBURG, FL 33701	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01062005		Chg-NP CR2E037 (10/03)	
4. FEI Number 59-2899571		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
COWAN, BARBARA J ONE BEACH DR #2103 ST PETERSBURG, FL 33071		Name Longacre, F. Blake Street Address (P.O. Box Number is Not Acceptable) 401 Corbett St. Ste. 110 City Clearwater FL Zip Code 33756	
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 1-18-2005	
Signature typed or printed name of registrant and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2005		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	PD EACHUS, ALICE 2320 BREVARD RD., N.E. ST. PETERSBURG, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr. V/D Eachus, Alice 2256 Tsiskwa Place Box 11426 Big Canoe Jasper, GA 30143 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GIVEN, LEE 3704 FOSTER HILL DR N ST. PETERSBURG, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Johnson, Lari 200 Second Ave S. STE 159 St. Petersburg, FL 33701 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COWAN, BARBARA J ONE BEACH DRIVE #2103 ST. PETERSBURG, FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Longacre, F. Blake 401 Corbett St. Ste 110 Clearwater, FL 33756 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M RUTHERFORD, E. HOWARD 800 SECOND AVENUE NE SAINT PETERSBURG, FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Garrison, John 1595 Bay St. SE, Ste 3 St. Petersburg, FL 33701 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BETZER, PETER 1830 7TH ST N ST PETERSBURG, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cowan, Barbara J One Beach Drive #2103 St. Petersburg, FL 33701 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAKE, NORMAN 37121 DEW DR DADE CITY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Luther, Mark 140 7th Ave S St. Petersburg, FL 33701 <input type="checkbox"/> Change <input checked="" 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: 		DATE 1-18-2005	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

50009445 —
ATTACHMENT

N26771

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

D Change Addition
Sweat, Don
10623 Del Prado Dr. W.
Largo, FL 33774

D Change Addition
Wallace, Susan
343 Brightwater Blvd. NE
St. Petersburg, FL 33704

D Change Addition
Young, Kathleen Stacy
4151 6th St. S
St. Petersburg, FL 33705