2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005
Secretary of State

DOCUMENT# N93000005722

Entity Name: FLORIDA SHELLFISH FARMERS ASSOCIATION, INC.

Current Principal Place of Business:

12535 NORTH A1A HWY
VERO BEACH, FL 32963 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 758
WABASSO, FL 32970 US

New Mailing Address:

FEI Number: 59-3215910 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMPSON, BILLY J
12535 NORTH A1A HWY
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

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:

Title:	D	( ) Delete
Name:	SEMBLER, CHARLES	
Address:	1732 INDIAN RIVER DR	
City-St-Zip:	SEBASTIAN, FL 32978	
Title:	D	( ) Delete
Name:	HEARNDON, MICHAEL	
Address:	11 S MAGNOLIA	
City-St-Zip:	FELLSMERE, FL 32948	
Title:	D	( ) Delete
Name:	LEONARD, DAN	
Address:	7228 SUNNYBROOK BLVD	
City-St-Zip:	ENGLEWOOD, FL 34224	
Title:	P	( ) Delete
Name:	THOMPSON, BILLY J.	
Address:	12535 N A1A	
City-St-Zip:	VERO BEACH, FL 32963	
Title:	S	( ) Delete
Name:	WOODFORD, PHYLLIS	
Address:	9520 S TROPICAL TRAIL	
City-St-Zip:	MERRITT ISLAND, FL 32952	
Title:	T	( ) Delete
Name:	MANGANO, EDWARD C.	
Address:	107 DELVALLE ST	
City-St-Zip:	MELBOURNE BEACH, FL 32951	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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: THOMPSON, BILLY J. P 02/10/2005

Electronic Signature of Signing Officer or Director — Date