## 2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Feb 02, 2005 8:00 am **Secretary of State** DOCUMENT # N98000003473 1. Entity Name 02-02-2005 90046 015 \*\*\*\*61.25 WEST FLORIDA REGIONAL FISH GROWERS COOPERATIVE, INC. Principal Place of Business Mailing Address 9175 HWY 97 CENTURY FL 32535 AUULLUUU 9175 HWY 97 CENTURY FL 32535 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/04) Applied For City & State 4. FEI Number City & State 59-3527394 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6.-Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent... Name ECK, JOHN H 9175 HWY 97 Street Address (P.O. Box Number is Not Acceptable) CENTURY FL 32535 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS TIFLE Vice President TITLE ☐ Delete Change John Loewen CARPENTER, GEORGE V NAME NAME 1901 WILMA RD. STREET ADDRESS STREET ADDRESS MC DAVID FL 32568 CITY-ST-ZIP CITY-ST-7IP TITLE Change TITLE Delete Addition ECK, JOHN H NAME NAME 9175 HWY 97 STREET ADDRESS STREET ADDRESS CENTŪRY FL 32535 CITY-ST-ZIP CITY-ST-ZIP DITLE Delete **Addition** HICBERT, MELVIN nelvin Hickor NAME 701 SOUTH HWY 99 STREET\_ADDRESS STREET ADDRESS 701 South Hu WALNUT HILL FL 32568 CITY-ST-7tP CHY-ST-7(P DVP TITLE Defete. TITLE Change Addition EICHER, VIC NAME NAME 4520 EICHER RD STREET ADDRESS STREET ADDRESS WALNUT HILL FL 32568 CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FICER OR DIRECTOR

changed, or on an attachme

SIGNATURE:

FILED