


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90198 021 ****61.25

DOCUMENT # N99000005555					
1. Entity Name OSCEOLA FISH FARMERS ASSOCIATION, INC.					
Principal Place of Business 3460 HICKORY TREE RD. ST CLOUD, FL 34772			Mailing Address 3460 HICKORY TREE RD. ST CLOUD, FL 34772		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-3644858	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GUY, WILLIAM E JR 55 EAST OCEAN BLVD STUART, FL 34994			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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	DP CASTELLI, ARTHUR D 7580 E IRLO BRONSON MEMORIAL HWY ST CLOUD, FL 34771	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
DV WALTHER, RHONDA 3460 HICKORY ROAD ST CLOUD, FL 34772	<input checked="" type="checkbox"/> Delete	RESIGNED	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
D WALTHER, DONALD 3460 HICKORY ROAD ST CLOUD, FL 34772	<input checked="" type="checkbox"/> Delete	RESIGNED	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
DST KLINGENSMITH, SHEILA 3981 DOE DRIVE ST CLOUD, FL 34772	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D KLINGENSMITH, MICHAEL 3981 DOE DRIVE ST CLOUD, FL 34772	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D CASTELLI, BONNY 7580 E IRLO BRONSON MEM. HWY ST CLOUD, FL 34771	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input 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: <u>Sheila Klingsmith</u> <u>SHEILA KLINGENSMITH</u> <u>4-23-04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					