

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000017064

FILED
Dec 08, 2004
Secretary of State

Entity Name: FLORIDA OFFSHORE AQUACULTURE, INC.

Current Principal Place of Business:

4516 HARON RD.
ST. PETERSBURG, FL 33708

New Principal Place of Business:

4516 HURON RD.
ST. PETERSBURG, FL 33708

Current Mailing Address:

4516 HARON RD.
ST. PETERSBURG, FL 33708

New Mailing Address:

4516 HURON RD.
ST. PETERSBURG, FL 33708

FEI Number: 54-2075193

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALANEY, WAYNE R
2846-A REMINGTON GREEN CIRCLE
TALLAHASSEE, FL 32308 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SIMMONS, JOSEPH
Address: 4516 HERON RD
City-St-Zip: SAINT PETERSBURG, FL 33708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SIMMONS, JOSEPH
Address: 4516 HURON RD
City-St-Zip: SAINT PETERSBURG, FL 33708

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH SYMONDS

CEO

12/08/2004

Electronic Signature of Signing Officer or Director

Date