

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

4/ **FILED**
Sep 13, 2004 8:00 am
Secretary of State

04-15-2004 90020 016 ***150.00

DOCUMENT # P03000051680					
1. Entity Name TAMPA AQUATIC NURSERIES, INC.					
Principal Place of Business 10516 BRANCHTON CHURCH RD THONOTOSASSA FL 33592			Mailing Address 10516 BRANCHTON CHURCH RD THONOTOSASSA FL 33592		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number	
				☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LEMON, JAMES 10516 BRANCHTON CHURCH RD THONOTOSASSA FL 33592				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 _____ (NOTE: Registered Agent signature required when changing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State					
				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD ☐ Delete			TITLE	☐ Change ☐ Addition
NAME	LEMON, JAMES			NAME	
STREET ADDRESS	10516 BRANCHTON CHURCH RD			STREET ADDRESS	
CITY-ST-ZIP	THONOTOSASSA FL 33592			CITY-ST-ZIP	
TITLE	VSD ☐ Delete			TITLE	☐ Change ☐ Addition
NAME	BOMBINO, FRANK			NAME	
STREET ADDRESS	10516 BRANCHTON CHURCH RD			STREET ADDRESS	
CITY-ST-ZIP	THONOTOSASSA FL 33592			CITY-ST-ZIP	
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition
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 trustee empowered to execute this report as required by Chapter 607, 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: <i>James Lemon</i> JAMES LEMON				APRIL 14, 2004	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE Daytime Phone #	

66433507



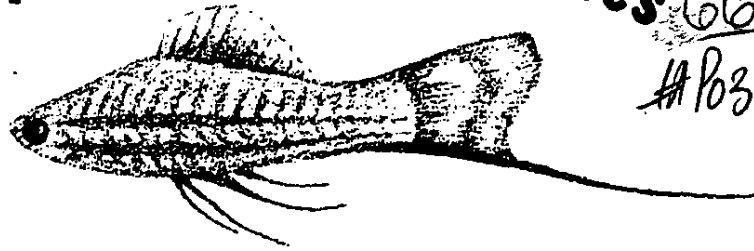
MOORE CR2E034 (11/03)

Tampa Aquatic Nurseries

Attachment

66H33507

#P03000051680



PHONE (813) 986-1326
FAX (813) 986-4146

FARM ADDRESS
10516 BRANCHTON CHURCH RD.
THONOTOSASSA, FL 33592

MAILING ADDRESS
P.O. BOX 16644
TEMPLE TERRACE, FL 33687

AUGUST 20, 2004

DIVISION OF CORPORATIONS
ANNUAL REPORT SECTION
P.O. BOX 6850
TALLAHASSEE, FLORIDA 32314

DEAR MADAM OR SIR:

WE RECIVED INFORMATION THAT THIS CORPORATION WAS ABOUT TO
BE DESOLVED, AND MY QUESTION TO YOU IS WHY?

WE HAVED FILED THE ANNUAL REPORT AND PAID THE \$ 150.00 FEE.

PLEASE RESPOND.

RESPECTFULLY YOURS,

JAMES LEMON

Attachment

66433507
#P03000051680

AM SOUTH BANK
OF FLORIDA

MONEY ORDER

10-88/220

137770822

APRIL 14, 2004

FLORIDA DEPARTMENT OF STATE

Not good for over \$1,000.00

15000000

**NON NEGOTIABLE
CUSTOMER COPY**

FOR: TAMPA AQUATIC NURSERIES, INC.

THE PURCHASER OF THE PERSONAL MONEY OF WHICH THIS IS A COPY AGREES PROMPTLY TO COMPLETE THE MONEY ORDER BY FILLING IN THIS DATE THE NAME OF THE PERSON OR FIRM TO RECEIVE THE MONEY, THE ADDRESS OF THE PURCHASER, AND BY SIGNING THE PURCHASER'S NAME. FURTHER ASSUMES ALL RISK OR LOSS FOR FAILURE TO DO SO.

PLEASE COMPLETE AND SIGN THE PERSONAL MONEY ORDER PROMPTLY. SAVE THIS RECORD
**10515 BRANCHTON CHURCH RD
THONOTOSASSA, FLORIDA 33592**

Issued by Integrated Payment Systems Inc., Englewood, Colorado
To Cash (New York State): Buffalo, N.Y.