

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000090043**

1. Entity Name  
**CEDAR CREEK SHELLFISH FARMS, INC.**



Principal Place of Business  
**859 POMPANO AVENUE  
NEW SMYRNA BEACH, FL 32169**

Mailing Address  
**846 DOLPHIN AVE.  
NEW SMYRNA BCH., FL 32169**

**DO NOT WRITE IN THIS SPACE**



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3411169**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SULLIVAN, MICHAEL J  
846 DOLPHIN AVE  
NEW SMYRNA BEACH, FL 32169**

**DO NOT WRITE  
IN THIS SPACE**

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)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	BOLLMAN, JOHN A III
STREET ADDRESS	859 POMPANO AVENUE
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169

TITLE	D
NAME	SULLIVAN, MICHAEL J
STREET ADDRESS	846 DOLPHIN AVE
CITY-ST-ZIP	NEW SMYRNA BEACH, FL

TITLE	P
NAME	BOLLMAN, JOHN A
STREET ADDRESS	859 POMPANO AVE
CITY-ST-ZIP	NEW SMYRNA BEACH, FL

TITLE	ST
NAME	SULLIVAN, MICHAEL
STREET ADDRESS	846 DOLPHIN AVE
CITY-ST-ZIP	NEW SMYRNA BEACH, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/24/05-80013-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #