FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2003 8:00 am
Secretary of State
05-30-2003 90087 037 ***150.00

DOCUMENT # ~~608867~~ P96000095771

1. Entity Name
AQUAFARM, INC.

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55049169

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2. Principal Place of Business	3. Mailing Address
1165 STATE ROAD 206 EAST	5 WENDI LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST. AUGUSTINE, FL.	City & State: PALM COAST, FL.
Zip: 32086 Country: ST. JOHNS	Zip: 32137-1623 Country: FLAGLER

4. FEI Number: 59-3430241 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: LARRY E. CROSBY

Street Address (P.O. Box Number is Not Acceptable): 5 WENDI LANE

City: PALM COAST FL Zip Code: 32137

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] LARRY E. CROSBY PRESIDENT MAY 21 2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE	PRESIDENT
NAME	LARRY E. CROSBY
STREET ADDRESS	5 WENDI LANE
CITY-ST-ZIP	PALM COAST, FL. 32137-2316
TITLE	VICE PRESIDENT
NAME	STEPHEN T. CROSBY
STREET ADDRESS	281 WATEREDGE DRIVE NORTH
CITY-ST-ZIP	JACKSONVILLE, FL. 32211
TITLE	SECRETARY + TREASURER
NAME	LARRY E. CROSBY
STREET ADDRESS	5 WENDI LANE
CITY-ST-ZIP	PALM COAST, FL. 32137-2316
TITLE	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] PRESIDENT MAY 21, 2003 (386) 445-7557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #