

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000025394

FILED  
Apr 13, 2006  
Secretary of State

Entity Name: AQUACULTURE CENTER OF THE FLORIDA KEYS, INC.

**Current Principal Place of Business:**

59300 OVERSEAS HIGHWAY  
MARATHON, FL 33050

**New Principal Place of Business:**

**Current Mailing Address:**

59300 OVERSEAS HIGHWAY  
MARATHON, FL 33050

**New Mailing Address:**

FEI Number: 65-0820806      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STEVENS, OWEN M MR  
59300 OVERSEAS HIGHWAY  
MARATHON, FL 33050      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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PDO ( ) Delete  
Name: MYRSETH, BJORN MR  
Address: OSTRE MURALMENNING 1B, PO BOX 2032 NORDNES  
City-St-Zip: 5817, BERGEN, NORWAY, NO

Title: DO ( ) Delete  
Name: STEVENS, OWEN M MR  
Address: 59300 OVERSEAS HIGHWAY  
City-St-Zip: MARATHON, FL 33050

Title: DO ( ) Delete  
Name: ALARCON, JORGE F MR  
Address: 59300 OVERSEAS HIGHWAY  
City-St-Zip: MARATHON, FL 33050

Title: D ( ) Delete  
Name: FORSTER, JOHN DR  
Address: 533 EAST PARK  
City-St-Zip: PORT ANGELES, WA 98362

Title: DO ( ) Delete  
Name: PRICKETT, RICHARD MR  
Address: 120 NETHERTON ROAD, APPLETON  
City-St-Zip: OXON, ENGLAND, UK OX13 5LA UK

Title: DOTS ( ) Delete  
Name: BANNER-STEVENS, GILLIAN M MS  
Address: 59300 OVERSEAS HIGHWAY  
City-St-Zip: MARATHON, FL 33050

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: OWEN STEVENS

DO

04/13/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date