

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90049 003 \*\*\*150.00

**DOCUMENT # P98000040899**

1. Entity Name  
FUTURE FISH FARMS, INC.



Principal Place of Business  
5672 JABEZ ROAD  
BREVARD COUNTY, FL

Mailing Address  
450 EAST OLAS BLVD.  
SUITE 1500  
FORT LAUDERDALE, FL 33301

**50017189**



01062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0901670

Applied For  
Not Applicable

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

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

BRANDEN, CRIS  
450 EAST OLAS BLVD  
SUITE 1500  
FORT LAUDERDALE, FL 33301

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
HUIZENGA, JR H. WAYNE  
450 E. OLAS BLVD., SUITE 1500  
FT. LAUDERDALE, FL 33301

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VT  
BRANDEN, CRIS V  
450 E. OLAS BLVD., SUITE 1500  
FT. LAUDERDALE, FL 33301

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
HANDLEY, RICHARD L  
450 E. OLAS BLVD., SUITE 1500  
FT. LAUDERDALE, FL 33301

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 another like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #