

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 30, 2006 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # P98000106828</b><br>1. Entity Name<br><b>BONSAI AQUACULTURE, INC.</b> |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br><b>BONSAI KOI PONDS<br/>6289 PARK BLVD.<br/>PINELLAS PK</b> | Mailing Address<br><b>5026 17 STREET ST NORTH<br/>ST PETERSBURG FL 33714</b> |
|--|--|



|   |   |
|---|---|
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc. | 3. Mailing Address<br><br>Suite, Apt. #, etc. |
|---|---|

2nd MOORE      CR2E034 (4/06)

|                                      |                                      |
|--------------------------------------|--------------------------------------|
| City & State<br><br>Zip      Country | City & State<br><br>Zip      Country |
|--------------------------------------|--------------------------------------|

|   |   |
|---|---|
| 4. FEI Number <b>59-3550428</b>   | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |   |

|  |
|--|
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>HEAGEY, ROBERT F<br/>5026 17 STREET ST NORTH<br/>ST PETERSBURG FL 33714</b> |
|--|

|   |
|---|
| <b>7. Name and Address of New Registered Agent</b><br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <b>FL</b> 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 reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**DUE BY September 6, 2006**  
**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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

| 10. OFFICERS AND DIRECTORS |   |
|----------------------------|---|
| TITLE                      | P<br>HEAGEY, ROBERT F <input type="checkbox"/> Delete |
| NAME                       | HEAGEY, ROBERT F                                      |
| STREET ADDRESS             | 5026 17TH ST N  |
| CITY - ST - ZIP            | SAINT PETERSBURG FL 33714                             |
| TITLE                      | <input type="checkbox"/> Delete                       |
| NAME                       |   |
| STREET ADDRESS             |   |
| CITY - ST - ZIP            |   |
| TITLE                      | <input type="checkbox"/> Delete                       |
| NAME                       |   |
| STREET ADDRESS             |   |
| CITY - ST - ZIP            |   |
| TITLE                      | <input type="checkbox"/> Delete                       |
| NAME                       |   |
| STREET ADDRESS             |   |
| CITY - ST - ZIP            |   |
| TITLE                      | <input type="checkbox"/> Delete                       |
| NAME                       |   |
| STREET ADDRESS             |   |
| CITY - ST - ZIP            |   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP                                       |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP                                       |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP                                       |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP                                       |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP                                       |   |

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08/30/06-80006-021 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Robert F. Heagey*      **Robert F. Heagey**      8/21/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #