

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000067228

Entity Name: AQUA WHOLESALE, INC.

FILED
Jul 05, 2005
Secretary of State

Current Principal Place of Business:

6265 E SAWGRASS RD
SARASOTA, FL 34240

New Principal Place of Business:

Current Mailing Address:

6265 E SAWGRASS RD
SARASOTA, FL 34240

New Mailing Address:

FEI Number: 65-1120280

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UREN, MAE
5128 SUNNYDALE CIRCLE WEST
SARASOTA, FL 34237 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: UREN, MAE
Address: 5128 SUNNYDALE CIRCLE WEST
City-St-Zip: SARASOTA, FL 34237

Title: VP () Delete
Name: EATON, LARRY JR.
Address: 5128 SUNNYDALE CIRCLE WEST
City-St-Zip: SARASOTA, FL 34237

Title: T () Delete
Name: EATON, SANDRA K
Address: 3757 KOSTEN PLACE
City-St-Zip: SARASOTA, FL 34240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: EATON, LARRY JR.
Address: 6265 E SAWGRASS ROAD
City-St-Zip: SARASOTA, FL 34240

Title: T (X) Change () Addition
Name: EATON, SANDRA K
Address: 6265 E SAWGRASS RD
City-St-Zip: SARASOTA, FL 34240

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SANDY EATON

T

07/05/2005

Electronic Signature of Signing Officer or Director

Date