

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000117728

FILED  
Jan 11, 2009  
Secretary of State

Entity Name: WATER-SCAAP POND & AQUARIUM PLANTS, INC.

**Current Principal Place of Business:**

10530 BRANCHTON CHURCH RD.  
THONOTOSASSA, FL 33592

**New Principal Place of Business:**

15602 WATERSCAPES LANE  
PLANT CITY, FL 33566

**Current Mailing Address:**

P.O. BOX 1827  
SEFFNER, FL 335831827

**New Mailing Address:**

FEI Number: 80-0029011

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEPOCHAT, PIERRE  
10530 BRANCHTON CHURCH RD.  
THONOTOSASSA, FL 33592 US

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

LEPOCHAT, PIERRE  
106 HALTON CIRCLE  
SEFFNER, FL 33584 US

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: PIERRE LEPOCHAT

01/11/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTSD ( ) Delete  
Name: LEPOCHAT, PIERRE  
Address: 10530 BRANCHTON CHURCH RD.  
City-St-Zip: THONOTOSASSA, FL 33592

Title: VP ( ) Delete  
Name: LEPOCHAT, MARIA L  
Address: 10530 BRANCHTON CHURCH RD.  
City-St-Zip: THONOTOSASSA, FL 33592

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

Title: PTSD (X) Change ( ) Addition  
Name: LEPOCHAT, PIERRE  
Address: 106 HALTON CIRCLE  
City-St-Zip: SEFFNER, FL 33584

Title: VP (X) Change ( ) Addition  
Name: LEPOCHAT, MARIA L  
Address: 106 HALTON CIRCLE  
City-St-Zip: SEFFNER, FL 33584

I hereby certify that the information supplied with this filing does not qualify 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: MARIA L. LEPOCHAT

VP

01/11/2009

Electronic Signature of Signing Officer or Director

Date