

2005 FOR PROFIT CORPORATION ANNUAL REPORT


06-15-2005 90096 003 ***150.00
P03000142252

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000142252

1. Entity Name
AQUATIC CREATIONS OF VENICE, INC.



Principal Place of Business Mailing Address

**5191 SYRACUSE ROAD
VENICE, FL 34293** **5191 SYRACUSE ROAD
VENICE, FL 34293**

2. Principal Place of Business 3. Mailing Address

5191 Syracuse Rd **5191 Syracuse Rd**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Venice FL **Venice, FL**

Zip Country Zip Country

34293 **SARASOTA** **34293** **SARASOTA**



05092005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

APPLIED FOR 200440274 Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BOOTH, PHIL 5191 SYRACUSE ROAD VENICE, FL 34293		Name Booth, Phillip Street Address (P.O. Box Number is Not Acceptable) 5191 SYRACUSE Rd. City Venice FL Zip Code 34293	

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: *Phillip Booth* **Phillip Booth** **6/10/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES BOOTH, PHIL 5191 SYRACUSE ROAD VENICE, FL 34293 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: *Phillip Booth* **Phillip Booth** **6/10/05** **941-716-1685**

Signature and typed or printed name of signing officer or director Date Daytime Phone #