


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT # V43247**  
 1. Entity Name  
**AQUACAL AUTOPILOT, INC.**



**FILED**  
**Jul 25, 2008 08:00 AM**  
**Secretary of State**

9381

v. 2054

Principal Place of Business  
 2737 24TH ST NORTH  
 ST PETERSBURG, FL 33713 US

Mailing Address  
 5755 POWERLINE ROAD  
 FT. LAUDERDALE, FL 33069



**DO NOT WRITE IN THIS SPACE**

01042008 No Chg-P CR2E034 (11/05)

4. FEI Number  
 59-3131504 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

KENT, WILLIAM A.  
 2737 24TH ST. NORTH  
 ST. PETERSBURG, FL 33713

**ENTERED**  
**JAN 08 2008**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KENT, WILLIAM A.
STREET ADDRESS	5755 POWERLINE ROAD
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	VT
NAME	CHISLING, GARY
STREET ADDRESS	5755 POWERLINE ROAD
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	VS
NAME	BOLENBAUGH, CRAIG
STREET ADDRESS	5755 POWERLINE ROAD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

07/25/08-80001-011 550.00

**DO NOT WRITE IN THIS SPACE**

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: *Craig Bolenbaugh* **CRAIG BOLENBAUGH** 1/4/08 954-772-6966

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