

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000093132

FILED  
Apr 25, 2008  
Secretary of State

Entity Name: AQUAKARE, INC.

**Current Principal Place of Business:**

5420 SW COUNTY ROAD 769  
ARCADIA, FL 342695902 US

**New Principal Place of Business:**

**Current Mailing Address:**

5420 SW COUNTY ROAD 769  
ARCADIA, FL 342695902 US

**New Mailing Address:**

FEI Number: 26-1073521

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TAYLOR, MARVIN C  
5420 SW COUNTY ROAD 769  
ARCADIA, FL 342695902 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P,T, ( ) Delete  
Name: TAYLOR, MARVIN C  
Address: 5420 SW COUNTY ROAD 769  
City-St-Zip: ARCADIA, FL 342695902 US

Title: VP,S ( ) Delete  
Name: WARREN, RUSSELL P  
Address: 6115 BAYSIDE KEY DR.  
City-St-Zip: TAMPA, FL 336154728 US

Title: D ( ) Delete  
Name: TAYLOR, MARVIN C  
Address: 5420 SW COUNTY ROAD 769  
City-St-Zip: ARCADIA, FL 342695902 US

Title: D ( ) Delete  
Name: WARREN, RUSSELL P  
Address: 6115 BAYSIDE KEY DR.  
City-St-Zip: TAMPA, FL 336154278 US

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

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

Title: VP,S (X) Change ( ) Addition  
Name: CUSHMAN, MICHAEL  
Address: 223 DUNCAN ROAD, HWY. 17  
City-St-Zip: PUNTA GORDA, FL 33982 US

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

Title: D (X) Change ( ) Addition  
Name: CUSHMAN, MICHAEL  
Address: 233 DUNCAN ROAD, HWY 17.  
City-St-Zip: PUNTA GORDA, FL 33982 US

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: MARVIN C TAYLOR

P.T.

04/25/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date