

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000077248

**Entity Name:** AQUATIC PLAY EQUIPMENT CORP.**Current Principal Place of Business:**3609 S.W SUNSET TRACE CIRCLE  
PALM CITY, FL 34990**Current Mailing Address:**P.O. BOX 382  
PALM CITY, FL 34991**FEI Number: 51-0474977****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCCARTHY, WILLIAM J  
3609 S.W. SUNSET TRACE CIRCLE  
PALM CITY, FL 34990 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PRES	Title	EXEC. VICE PRESIDENT
Name	MCCARTHY, WILLIAM J	Name	BREN A. MCCARTHY
Address	3609 SW SUNSET TRACE CIRCLE	Address	P.O. BOX 382
City-State-Zip:	PALM CITY FL 34990	City-State-Zip:	PALM CITY FL 34991
Title	EXEC. VICE PRESIDENT		
Name	WILLIAM J. MCCARTHY, JR.		
Address	P.O. BOX 382		
City-State-Zip:	PALM CITY FL 34991		

*I hereby 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 all other like empowered.*

**SIGNATURE: WILLIAM J. MCCARTHY****PRESIDENT****02/04/2022**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date