

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000100255

Entity Name: AQUAMIZER, INC.

Current Principal Place of Business:

4100 N. POWERLINE RD, SUITE NO. X-4
POMPANO BEACH, FL 33073

Current Mailing Address:

PO BOX 110197
LAKEWOOD RANCH, FL 34211 US

FEI Number: 27-4267003

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BLALOCK WALTERS, P.A.
802 11TH STREET WEST
BRADENTON, FL 34205 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 SECRETARY
Name MASTROMARINO, PAMELA
Address 6580 PALMER PARK CIRCLE
City-State-Zip: SARASOTA FL 34238

Title PRESIDENT, TREASURER
Name MASTERSON, THOMAS
Address 6580 PALMER PARK CIRCLE
City-State-Zip: SARASOTA FL 34238

Title DIRECTOR
Name ROSENE, BRUCE
Address 6580 PALMER PARK CIRCLE
City-State-Zip: SARASOTA FL 34238

Title DIRECTOR
Name WRIGHT, JAMES
Address 6580 PALMER PARK CIRCLE
City-State-Zip: SARASOTA FL 34238

Title DIRECTOR
Name MASTERSON, THOMAS
Address 6580 PALMER PARK CIRCLE
City-State-Zip: SARASOTA FL 34238

Title DIRECTOR
Name STOLZ, ROBERT H
Address 6580 PALMER PARK CIRCLE
City-State-Zip: SARASOTA FL 34238

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: PAMELA MASTROMARINO

CONTROLLER

04/04/2024

Electronic Signature of Signing Officer/Director Detail

Date