

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000100255

**Entity Name:** AQUAMIZER, INC.

**Current Principal Place of Business:**

6578 PALMER PARK CIRCLE  
SARASOTA, FL 34238

**Current Mailing Address:**

6578 PALMER PARK CIRCLE  
SARASOTA, FL 34238 US

**FEI Number:** 27-4267003

**Certificate of Status Desired:** No

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

SCHUMACHER, CAREY  
6578 PALMER PARK CIRCLE  
SARASOTA, FL 34238 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:** CAREY SCHUMACHER

04/01/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name WRIGHT, LUANNE  
Address 6578 PALMER PARK CIRCLE  
City-State-Zip: SARASOTA FL 34238

Title PRESIDENT, TREASURER  
Name SCHUMACHER, CAREY  
Address 6578 PALMER PARK CIRCLE  
City-State-Zip: SARASOTA FL 34238

Title DIRECTOR  
Name PIANO, TONY  
Address 6578 PALMER PARK CIRCLE  
City-State-Zip: SARASOTA FL 34238

Title DIRECTOR  
Name ROSENE, BRUCE  
Address 6578 PALMER PARK CIRCLE  
City-State-Zip: SARASOTA FL 34238

Title DIRECTOR  
Name WRIGHT, JAMES  
Address 6578 PALMER PARK CIRCLE  
City-State-Zip: SARASOTA FL 34238

Title ASST. SECRETARY  
Name MASTROMARINO, PAMELA  
Address 6578 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

ASST. SECRETARY

04/01/2019

Electronic Signature of Signing Officer/Director Detail

Date