

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000007311

**Entity Name:** ADVANCED AQUACARE, INC.

**Current Principal Place of Business:**

443 SUMMERS CREEK DR  
MERRITT ISLAND, FL 32952

**Current Mailing Address:**

P O BOX 633  
COCOA, FL 32923-0633 US

**FEI Number:** 59-3165267

**Certificate of Status Desired:** No

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

RILEY, BRENDA G  
443 SUMMERS CREEK DR  
MERRITT ISLAND, FL 32952 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	DP	Title	VP
Name	RILEY, BRENDA G	Name	SPILLERS, STEPHEN
Address	443 SUMMERS CREEK DR	Address	7280 CARLOWE AVE
City-State-Zip:	MERRITT ISLAND FL 32952	City-State-Zip:	COCOA FL 32927

*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:** BRENDA G. RILEY

**DP**

**04/07/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date