# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Feb 02, 2007 8:00 am**
**Secretary of State**
02-02-2007 90010 049 ***150.00

DOCUMENT # 389426

1. Entity Name
AQUA ISLES OF LABELLE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 900 HICKPOOCHEE<br>LABELLE FL 33935 | 900 HICKPOOCHEE<br>LABELLE FL 33935 |

1st MOORE CR2E034 (10/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 900 AQUA Isles BLVD. | 900 AQUA Isles BLVD |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: LABelle, Fl. | City & State: LABelle, Fl. |
| Zip: 33935 Country: U.S.A. | Zip: 33935 Country: USA |

4. FEI Number 59-1514425 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

SEIBEL, MARY D
900 HICKPOOCHEE
LABELLE FL 33935

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)
900 AQUA Isles BLVD.

City LABelle, FL Zip Code 33935

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2007 Fee Will Be $550.00**
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PT<br>SEIBEL, RICHARD<br>900 W HICKPOCHEE AVE.<br>LABELLE FL | ☐ Delete | Richard J. SEIBEL<br>900 AQUA Isles BLVD. (ADDRESS)<br>LABelle, Fl. 33935 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>SEIBEL, MARY D<br>900 W HICKPOCHEE AVE<br>LABELLE FL | ☐ Delete | Mary D. SEIBEL<br>900 AQUA Isles BLVD. (ADDRESS)<br>LABelle, Fl. 33935 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | B 2/15/07 | ☐ Delete | | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Mary D Seibel 1/25/07 863-675-2331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B 2/13