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 LABELLE FL 33935	900 HICKPOOCHEE LABELLE FL 33935

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

1st MOORE CR2E034 (10/06)

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	7. Name and Address of New Registered Agent
SEIBEL, MARY D 900 HICKPOOCHEE LABELLE FL 33935	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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

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 SEIBEL, RICHARD 900 W HICKPOCHEE AVE. LABELLE FL ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	Richard J. SEIBEL 900 AQUA Isles BLVD. LABelle, Fl. 33935 ☑ Change (ADDRESS) ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SEIBEL, MARY D 900 W HICKPOCHEE AVE LABELLE FL ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	MARY D. SEIBEL 900 AQUA Isles BLVD. LABelle, Fl. 33935 ☑ Change (ADDRESS) ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B 2/15/07 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ 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