


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2006 08:00 A
Secretary of State

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| DOCUMENT #492987 1. Entity Name AQUA-VAC SYSTEMS, INC. |  |
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| Principal Place of Business 1711 LONGWOOD ROAD WEST PALM BEACH, FL 33409 US | Mailing Address 1711 LONGWOOD ROAD WEST PALM BEACH, FL 33409 US |
|---|---|

DO NOT WRITE IN THIS SPACE



07312006 No Chg-P CR2E034 (11/05)

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|--|-------------------------------|
| 4. FEI Number 59-1649711 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

WILLHITE, THOMAS S PD
1711 LONGWOOD ROAD
WEST PLAM BEACH, FL 33409

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD TAYLOR F M JR 1711 LONGWOOD ROAD WEST PALM BEACH, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WILLHITE, THOMAS S. 17695 FOXWOOD WAY BOCA RATON, FL |
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09/04/06-80007-014 550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  7/31/06 561 689 021124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #