2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 13, 2006 08:00 AM **DOCUMENT # 525656** t. Entity Name AQUATIC SYSTEMS, INC. Principal Place of Business Mailing Address 2100 NW 33RD STREET POMPANO BEACH FL 33069 2100 NW 33RD STREET POMPANO BEACH FL 33069 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 59-1721394 Not Applicable $Z_{10}$ Country Country Zιρ \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEHAVEN, GAIL M. Street Address (P.O. Box Number is Not Acceptable) 1222 SE 7TH CT DEERFIELD BCH FL 33441 City Zip Code 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, types or printed trame of registered agent and title if applicable (NOTE Reuisticied Agent signature required when reustating) OATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PDS TOUR ☐ Delete THLE Change : ☐ Addition NAME GARDNER, JOHN W MARKE STREET ADDRESS 4001 NW 94 TERR STREET ADDRESS U00000464**0**21 CITY-ST-ZIP CORAL SPRINGS FL 33065 CUTY-ST-72 150.00 TITLE ☐ Defete HILE ☐ Change Addition NAME MAME STREET ADDRESS STREET ATTORESS CITY- ST-ZIP CITY-ST-ZIP THLE ☐ Change ☐ Addition ☐ Delcte TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-51-Z(P mu ☐ Delete TATLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS ETTY-ST-ZIP CITY-ST-ZOP TITLE Detete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CATY-ST-ZIP TITLE Detete ■ Addition me ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZOP 12. I hereby certify that the information supplied with this filling 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

FILED

signature Pan Gaudus John w Gardner 3-2-06 95497777736