


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # 581230	
1. Entity Name AQUATIC ECO-SYSTEMS, INC.	

Principal Place of Business 1767 BENBOW CT. APOPKA, FL 32703 US	Mailing Address P.O. BOX 1446 APOPKA, FL 32703 US
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01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1907012	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

HEIDEMAN, ROBERT CHARLES
6043 LINNEAL BEACH DR.
APOPKA, FL 32703

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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 state if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

U00000106897
04/08/04-80035-019 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD HOFFINGER, MARTIN 2239 EMBASSY DRIVE W PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HOFFINGER, C LORRAINE 2239 EMBASSY DRIVE W PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HEIDEMAN, ROBERT 6043 LINNEAL BEACH DR. APOPKA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MCNEAL, ROSE 2721 JUNIOR AVE APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowers.

SIGNATURE: Rose Mc Neal 1-7-04 407-886-3939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #