

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90036 045 ***150.00

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01042005 Chg-P CR2E034 (10/03)

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	
2. Principal Place of Business 2395 Apopka Blvd Suite, Apt. #, etc.		3. Mailing Address 2395 Apopka Blvd Suite, Apt. #, etc.	
City & State Apopka, FL		City & State Apopka, FL	
Zip 32703	Country	Zip 32703	Country
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		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL 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 Robert C. Heideman		DATE 1-5-05	
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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	CD HOFFINGER, MARTIN 2239 EMBASSY DRIVE WPALM BEACH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOFFINGER, C LORRAINE 2239 EMBASSY DRIVE WPALM BEACH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEIDEMAN, ROBERT 6043 LINNEAL BEACH DR. APOPKA, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCNEAL, ROSE 2721 JUNIOR AVE APOPKA, FL 32712	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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 empowered.			
SIGNATURE: Robert C. Heideman		DATE 1-5-05 (407) 886-3939	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	