

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 583794

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Entity Name:** AQUATIC MARINE SYSTEMS, INC.

**Current Principal Place of Business:**

12390 SOUTH ISTACHATTA ROAD  
FLORAL CITY, FL 34436

**New Principal Place of Business:**

**Current Mailing Address:**

1159 ELIZABETH COURT  
THE VILLAGES, FL 32162

**New Mailing Address:**

**FEI Number:** 59-1878023

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COATES, THOMAS L  
12930 S.ISTACHATTA RD.  
FLORAL CITY, FL 34436 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** D SC  
**Name:** COATES, ELIZABETH A D ST  
**Address:** 12930 S.ISTACHATTA RD.  
**City-St-Zip:** FLORAL CITY, FL 34436 US

**Title:** D P  
**Name:** EGGERS, RITA M P  
**Address:** 1159 ELIZABETH COURT  
**City-St-Zip:** THE VILLAGES, FL 32162 US

**Title:** V  
**Name:** EGGERS, RICHARD E V  
**Address:** 117 WENTWORTH AVENUE  
**City-St-Zip:** CINCINNATI, OH 45215

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** RITA M. EGGERS

P

01/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date