

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90303 001 ***300.00

DOCUMENT # 596866

1. Entity Name
AQUARINA DEVELOPMENTS, INC.



Principal Place of Business
**7525 S. HWY A1A
MELBOURNE BCH., FL 32951**

Mailing Address
**7525 S. HWY A1A
MELBOURNE BCH., FL 32951**

66003146



01122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1888587

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BEALS, ROBERT L
201 RIVERSIDE DR. 1590 Pineapple Ave
SUITE B Suite 200
INDIAN LANTIC, FL 32903 Melbourne 32935
FL.

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/14/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DPTS
NAME	LIEBERWIRTH, JUERGIN
STREET ADDRESS	7525 S. HWY A1A
CITY - ST - ZIP	MELBOURNE, FL
TITLE	V
NAME	BATES, JAMES H
STREET ADDRESS	270 HAMMOCK SHORE DR
CITY - ST - ZIP	MELBOURNE BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES H. BATES

Date

Daytime Phone #

2/2/07 321-480-1336