2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 689075

1. Entity Name
AQUAFUN, INC.

Principal Place of Business	Mailing Address
101 N. RIVERSIDE DR. 112 W POMPANO BEACH, FL 33062	101 N. RIVERSIDE DR. 112 W POMPANO BEACH, FL 33062

DO NOT WRITE IN THIS SPACE

04152004　　No Chg-P　　CR2E034 (10/03)

4. FEI Number 59-2032008	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

VOGEL, ROBERT A
101 RIVERSIDE ~~PLACE~~ DRIVE
#~~101~~ 112-W
POMPANO BEACH, FL 33062

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_____

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

10.　OFFICERS AND DIRECTORS

TITLE	PD
NAME	VOGEL, ROBERT A.
STREET ADDRESS	371 SE 5TH TERR
CITY-ST-ZIP	POMPANO BEACH, FL

TITLE	STD
NAME	STEPHANS, SANDRA J.
STREET ADDRESS	371 SE 5TH TERR
CITY-ST-ZIP	POMPANO BEACH, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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: _Sandra J Stephans_　SANDRA J. STEPHANS　4/15/04　(954) 943-7260

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR　　Date　　Daytime Phone #