2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004
Secretary of State

DOCUMENT# 742026

Entity Name: ST. PETERSBURG AQUATICS, INC.

Current Principal Place of Business:

901 N. SHORE DR. NE
SAINT PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

PO BOX 510
ST PETERSBURG, FL 337310510

New Mailing Address:

FEI Number: 59-9824138 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NARDOZZI, PATRICIA
6346-27TH AVENUE NORTH
ST PETERSBURG, FL 33710 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: P ( ) Delete
Name: NARDOZZI, PATRICIA
Address: 6346-27TH AVE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: VP ( ) Delete
Name: KING, VERONICA
Address: 7872 SUNDOWN DRIVE
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: T ( ) Delete
Name: CILLIAN, MARY J
Address: 430 44TH AVE. NE
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: D ( ) Delete
Name: CHAMBERS, STEPHANIE
Address: 356 BELLE AIR DRIVE
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: D ( ) Delete
Name: NEWFIELD, GAIL
Address: 4226 HOLLAND DRIVE
City-St-Zip: SAINT PETERSBURG, FL 33706

Title: D ( ) Delete
Name: ROMANO, RHONDA
Address: 5313-18TH STREET NE
City-St-Zip: SAINT PETERSBURG, FL 33703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA J. NARDOZZI PRES 04/19/2004

Electronic Signature of Signing Officer or Director — Date