

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742026

FILED  
May 19, 2008  
Secretary of State

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 ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

FLANAGAN, LISA  
6070 DENVER STREET NE  
SAINT PETERSBURG, FL 33703      US

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: FLANAGAN, LISA  
Address: 6070 DENVER STREET NE  
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: T      ( ) Delete  
Name: BARDIN, PETER  
Address: 1300 86TH AVE NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33702

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

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PETER BARDIN

T

05/19/2008

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

\_\_\_\_\_  
Date