

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90295 019 ***150.00

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1. Entity Name

AQUA SIGNAL CORPORATION



Principal Place of Business

1125 ALEXANDER CT.
CARY IL 60013

Mailing Address

1125 ALEXANDER CT.
CARY IL 60013

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-3390720

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KUNEY, JOHN
1237 S.E. CORAL REEF ST.
PORT ST. LUCIE FL 34983

Name

KUNEY, -JOHN

Street Address (P.O. Box Number is Not Acceptable)

832 S.E. DEGAN DR.

City

PORT ST LUCIE

FL

Zip Code

34983

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CDPT ☐ Delete
NAME WAGENFELD, ROLF
STREET ADDRESS VON-THUENEN, STR. 12, PO BOX 45 01 61 D-28
CITY-ST-ZIP BREMEN, GERMANY

TITLE VP ☐ Delete
NAME HEEDE, ALENA
STREET ADDRESS 7701 OLD POST
CITY-ST-ZIP CRYSTAL LAKE IL 60014

TITLE S ☐ Delete
NAME BRAUN, W. DAVID
STREET ADDRESS 191 N. WACKER DR., STE. 3700
CITY-ST-ZIP CHICAGO IL 60606

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:

ALENA HEEDE *Aleena Heede*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/01/04 (844) 639-6412

Date

Daytime Phone #