


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 08:00 A
Secretary of State

DOCUMENT # F12237 1. Entity Name OSCEOLA AQUATICS, INC.	
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Principal Place of Business 1551 NORTH KELLEY AVENUE KISSIMMEE, FL 34744 US	Mailing Address 1551 NORTH KELLEY AVENUE KISSIMMEE, FL 34744 US
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DO NOT WRITE IN THIS SPACE



03132007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2045545	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARKLEY, DIANE
1551 NORTH KELLEY AVE.
KISSIMMEE, FL 34744

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARKLEY, JEFFREY 5345 MARILYN LANE ST CLOUD, FL 34772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLIAMS, JUDITH 2613 CECILE ST. KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORGAN, JENELYN 1530 CHERI LN KISSIMMEE, FL 34744
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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: Jenelynn Morgan President Jenelynn Morgan 3-13-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

407-846-1430