

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F39686

FILED
Feb 02, 2005
Secretary of State

Entity Name: APPLIED AQUATIC MANAGEMENT, INC.

Current Principal Place of Business:

4305 BOMBER RD
BARTOW, FL 33830 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1469
EAGLE LAKE, FL 33839 US

New Mailing Address:

FEI Number: 59-2100923

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MYERS, PAUL C
1242 EAGLE AVE., EAST
EAGLE LAKE, FL 33839 US

Name and Address of New Registered Agent:

MYERS JR, PAUL C
224 MCLEAN PT W
WINTER HAVEN, FL 33884 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: PAUL C. MYERS, JR

02/02/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: MYERS, PAUL C,
Address: 1242 EAGLE AVE., EAST
City-St-Zip: EAGLE LAKE, FL

Title: PSTD () Delete
Name: MYERS, LINDA W,
Address: 1242 EAGLE AVE., EAST
City-St-Zip: EAGLE LAKE, FL

Title: VP (X) Delete
Name: MYERS, PAUL C. J
Address: 224 MCLEAN PL W
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: MYERS, PAUL,C J
Address: 224 MCLEAN PT W
City-St-Zip: WINTER HAVEN, FL 33884

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA MYERS

PST

02/02/2005

Electronic Signature of Signing Officer or Director

Date