

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91250 043 ***150.00

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1. Entity Name

AQUARIA, INC.

Principal Place of Business

6100 CONDOR DRIVE
MOORPARK CA 93021

Mailing Address

6100 CONDOR DRIVE
MOORPARK CA 93021

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 **95-2556867**

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

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

Name

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

City

FL

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CFO ☐ Delete
NAME MC GREEVY, JOHN
STREET ADDRESS 2475 RUDOLPH STREET
CITY-ST-ZIP SIMI VALLEY CA 93065

TITLE Director ☐ Change ☒ Addition
NAME Robert Sherman
STREET ADDRESS 740 Country Valley Rd.
CITY-ST-ZIP Westlake Village, CA 91362

TITLE V ☒ Delete
NAME SNYDER, WILFRED P
STREET ADDRESS 2147 BENNINGTON COURT
CITY-ST-ZIP THOUSAND OAKS CA 91360

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

TITLE P ☐ Delete
NAME BUSSING, JOSEPH
STREET ADDRESS 285 FAWN VALLEY COURT
CITY-ST-ZIP SIMI VALLEY CA 93065

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

TITLE D ☐ Delete
NAME WILSON, MICHAEL A
STREET ADDRESS 125 HIGH STREET, STE 2500
CITY-ST-ZIP BOSTON MA 02110

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

TITLE D ☐ Delete
NAME MCLANE, ANDREW P
STREET ADDRESS 125 HIGH ST, STE 2500
CITY-ST-ZIP BOSTON MA 02110

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

TITLE D ☒ Delete
NAME STERN, MARK
STREET ADDRESS 2100 PACIFIC ST
CITY-ST-ZIP HAUPPAUGE NY 11788

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)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John T. McGreevy

4-28-04

805-553-4452

Date

Daytime Phone #