

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90003 015 ***158.75

DOCUMENT # G52974

1. Entity Name

**FLORIDA AQUASTORE AND UTILITY CONSTRUCTION,
INC.**



Principal Place of Business

47222 N.W. BOCA RATON BLVD.
STE. C-102
BOCA RATON FL 33431
US

Mailing Address

4722 N.W. BOCA RATON BLVD.
STE. C-102
BOCA RATON FL 33431
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number
59-2317143

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

**WHELCHER, JOHN
1250 SABAL PALMS DRIVE
BOCA RATON FL 33432**

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 of officer or director of registered agent and fee for application)

(NOTE: Registered Agent signature required when re-statuting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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 **DPST** ☐ Delete
NAME **WHELCHER, JOHN D.**
STREET ADDRESS **4722 N.W. BOCA RATON BLVD., STE. C-102**
CITY-STATE-ZIP **BOCA RATON FL**

TITLE **DST** ☒ Change ☐ Addition
NAME **John D. Whelchel**
STREET ADDRESS **4722 NW Boca Raton Blvd., Ste C-102**
CITY-STATE-ZIP **Boca Raton, FL 33431**

TITLE **VP** ☐ Delete
NAME **SICURO, MARCELO**
STREET ADDRESS **4722 NW BOCA RATON BLVD STE C-102**
CITY-STATE-ZIP **BOCA RATON FL 33431**

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

TITLE **V** ☐ Delete
NAME **WHELCHER, THOMAS M**
STREET ADDRESS **4722 NW BOCA RATON BLVD, STE C-102**
CITY-STATE-ZIP **BOCA RATON FL 33431**

TITLE **P** ☒ Change ☐ Addition
NAME **Thomas M. Whelchel**
STREET ADDRESS **4722 NW Boca Raton Blvd., Ste C-102**
CITY-STATE-ZIP **Boca Raton, FL 33431**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-STATE-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

John Whelchel

2/5/08

561-994-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #