2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # J20407

1. Entity Name
AQUA TRIANGLE I CORPORATION

Principal Place of Business	Mailing Address
12801 S. BELCHER ROAD LARGO, FL 33773 US	12801 S. BELCHER ROAD LARGO, FL 33773 US

01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2690905
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MAYNARD, BRIAN,
12801 S. BELCHER ROAD
LARGO, FL 33773

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000827259
02/21/08-80083-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MAYNARD, BRIAN
STREET ADDRESS	12801 S. BELCHER ROAD
CITY-ST-ZIP	LARGO, FL
TITLE	VSD
NAME	MAYNARD, CONSTANCE F
STREET ADDRESS	119 MARINA DELRAY COURT
CITY-ST-ZIP	CLEARWATER, FL
TITLE	CD
NAME	MAYNARD, GORDON
STREET ADDRESS	119 MARINA DELRAY COURT
CITY-ST-ZIP	CLEARWATER, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ BRIAN MAYNARD 2/12/08 727-531-0423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #