

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J38016

FILED  
Feb 05, 2007  
Secretary of State

Entity Name: AQUATIC VEGETATION CONTROL, INC.

**Current Principal Place of Business:**

6753 GARDEN RD  
STE #109  
RIVIERA BEACH, FL 33404 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 10845  
RIVIERA BEACH, FL 33419 US

**New Mailing Address:**

FEI Number: 59-2784012      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BURNEY, JAMES L JR  
8647 SE OLEANDER ST  
HOBE SOUND, FL 33455 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BURNEY, JAMES L J  
Address: 8647 SE OLEANDER ST  
City-St-Zip: HOBE SOUND, FL 33455 US

Title: ST ( ) Delete  
Name: GILLENWALTERS, SHARON L  
Address: 16351 SW PINTO ST  
City-St-Zip: INDIANTOWN, FL 34956 US

Title: V ( ) Delete  
Name: OLSON, TODD J  
Address: 9675 ILEX CIRLCE NORTH  
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 Chapter 119, 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: SHARON GILLENWALTERS

ST

02/05/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date