

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90017 045 \*\*\*150.00

**DOCUMENT # J38016**  
 1. Entity Name  
**AQUATIC VEGETATION CONTROL, INC.**



Principal Place of Business Mailing Address  
 6753 GARDEN RD PO BOX 10845  
 STE #109 RIVIERA BEACH, FL 33419 US  
 RIVIERA BEACH, FL 33404 US

40014580

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



01222008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent  
**BURNEY, JAMES L JR**  
**8647 SE OLEANDER ST**  
**HOBE SOUND, FL 33455**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining)

**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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BURNEY, JAMES L J	
STREET ADDRESS	<del>8647 SE OLEANDER ST</del>	
CITY - ST - ZIP	<del>HOBE SOUND, FL 33455</del>	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GILLENWALTERS, SHARON L	
STREET ADDRESS	16351 SW PINTO ST	
CITY - ST - ZIP	INDIANTOWN, FL 34956	
TITLE	V	<input type="checkbox"/> Delete
NAME	OLSON, TODD J	
STREET ADDRESS	9675 ILEX CIRLCE NORTH	
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33410	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	871 Yorktowne Dr	
CITY - ST - ZIP	Rockledge FL 33955	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COO David Weyckert	
STREET ADDRESS	19650 Red Maple Ln	
CITY - ST - ZIP	Jupiter, FL 33450	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: J. B. [Signature] Date: 1/23/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR