

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J38016

FILED  
Jan 11, 2011  
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:**

1860 W.10TH STREET  
RIVIERA BEACH, FL 33404 US

**Current Mailing Address:**

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

**New Mailing Address:**

1860 W.10TH STREET  
RIVIERA BEACH, FL 33404 US

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  
871 YORKTOWNE DR  
ROCKLEDGE, FL 32955 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BURNEY, JAMES L JR  
Address: 871 YORKTOWNE DR  
City-St-Zip: ROCKLEDGE, FL 32955 US

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

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

Title: V  
Name: LOPEZ, ANGEL L  
Address: 110 SE 13TH AVE  
City-St-Zip: BOYNTON BEACH, FL 33435

I hereby 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 all other like empowered.

SIGNATURE: SHARON GILLENWALTERS

ST

01/11/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date