


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90122 037 ***150.00


DOCUMENT # J51292
 1. Entity Name
AQUA INVESTMENT COMPANY OF PALM COAST



Principal Place of Business Mailing Address
13 UTILITY DRIVE **13 UTILITY DRIVE**
PALM COAST, FL 32137 **PALM COAST, FL 32137**

DO NOT WRITE IN THIS SPACE

4004011



02092006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2857411	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
AMARAL, ANTONIO
13 UTILITY DRIVE
PALM COAST, FL 32137

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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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AMARAL, ANTONIO 9 COTTONWOOD CT PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT AMARAL, MARIA 9 COTTONWOOD CT PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AMARAL, DAVID 9 COTTONWOOD CT PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Maria Amaral MARIA AMARAL 2/10/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #