


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90035 020 ***150.00

DOCUMENT # K46283
 1. Entity Name
AQUATIC CONSERVATION INC.



Principal Place of Business Mailing Address
8370 SPIRIT WAY **8370 SPIRIT WAY**
WEEKI WACHEE, FL 34613 US **WEEKI WACHEE, FL 34613 US**


2. Principal Place of Business - No P.O. Box # 3. Mailing Address
36 COMMERCIAL WAY **36 COMMERCIAL WAY**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
SPRING HILL, FL **SPRING HILL, FL**

Zip Country Zip Country
34606 **34606** **34606** **34606**

40040000



03012008 Chg-P CR2E034 (12/06)

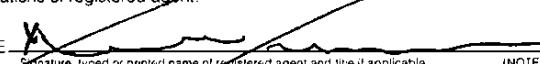
4. FEI Number Applied For
59-2907775 Not Applicable

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

6. Name and Address of Current Registered Agent
COOPER, JOSEPH C.
8370 SPIRIT WAY
WEEKI WACHEE, FL 34613

7. Name and Address of New Registered Agent
 Name
SUMMERS, STEVE
 Street Address (P.O. Box Number is Not Acceptable)
36 COMMERCIAL WAY
 City State Zip Code
SPRING HILL FL 34606

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: **3-4-08**

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**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COOPER, JOSEPH C. 8370 SPIRIT WAY WEEKI WACHEE, FL 34613 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SUMMERS, STEVE 36 COMMERCIAL WAY SPRING HILL, FL 34606 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **STEVE SUMMERS** **3-4-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #