

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # L86559 1. Entity Name AQUA GAMING INC.					
Principal Place of Business 1119A SE 12TH COURT CAPE CORAL FL 33990 US			Mailing Address 1119A SE 12TH CT CAPE CORAL FL 33990 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0209092 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FROST, CHRAIN FOWLER WHITE GILLEN BOGGS VILLAREAL BANKER 2201 SECOND ST., 5TH FL FT. MYERS FL 33901				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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May 1 Trust Fund Contribution. ☐ Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Add		
NAME	FROST, CHRAIN	NAME			
STREET ADDRESS	1119A SE 12TH CT.	STREET ADDRESS	000000491722		
CITY-ST-ZIP	CAPE CORAL FL 33990	CITY-ST-ZIP	04/19/06-80034-016 150.00		
TITLE	ST ☐ Delete	TITLE	☐ Change ☐ Add		
NAME	OLDAKER, RENEE	NAME			
STREET ADDRESS	1119A SE 12TH COURT	STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL 33990	CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Add		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Add		
NAME		NAME			
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CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Add		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Renee Oldaker</i> Renee Oldaker 3/29/06 539 574 009					