

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # M79200

1. Entity Name
AQUANAUTIQUE, INC.



FILED
May 02, 2005 08:00 AM
Secretary of State

Principal Place of Business
**2940 JANE LANE
HILLIARD, FL 32046 US**

Mailing Address
**2940 JANE LANE
HILLIARD, FL 32046 US**



04262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2889473

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LLOYD, ROGER
2940 JANE LANE
HILLIARD, FL 32046**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LLOYD, ROGER
STREET ADDRESS	2940 JANE LANE
CITY-ST-ZIP	HILLIARD, FL 32046
TITLE	VP
NAME	DEVLIN, LISA K
STREET ADDRESS	253 CARRIANN COVE TRAIL
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	ST
NAME	LLOYD, SALLY S
STREET ADDRESS	2940 JANE LANE
CITY-ST-ZIP	HILLIARD, FL 32046
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000353334
05/03/05-80061-023 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-05 (904) 879-9383