


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90014 035 ****70.00

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| DOCUMENT # N04000005401 |  |
| 1. Entity Name SEASTARS AQUATICS, INC. | |

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| Principal Place of Business 4240 MONTALVO DR PENSACOLA, FL 32504 | Mailing Address 4240 MONTALVO DR PENSACOLA, FL 32504 |
|--|--|

30000866



| | |
|---|---|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. 5425 Hibiscus Rd | Suite, Apt. #, etc. 5425 Hibiscus Rd |
| City & State Pensacola FL | City & State Pensacola FL |
| Zip 32504 | Country USA |

01052005 Chg-NP CR2E037 (10/03)

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|--|--|
| 4. FEI Number 20-1199276 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

MOHANCO, ROBIN
 4240 MONTALVO DR
 PENSACOLA, FL 32504

7. Name and Address of New Registered Agent

Name Robin Mohanco
 Street Address (P.O. Box Number is Not Acceptable)
5425 Hibiscus Rd
 City Pensacola **FL** Zip Code 32504

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 Robin B Mohanco Robin B Mohanco Jan 6 2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2005

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

Make check payable to **Florida Department of State**

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPT MOHANCO, ROBIN B 4240 MONTALVO DR PENSACOLA, FL 32504 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV HELLER, CHARLES Q 7895 MACLEAN RD TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MOHANCO, BECKER 4240 MONTALVO DR PENSACOLA, FL 32504 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MOHANCO, GEORGE 4240 MONTALVO DR PENSACOLA, FL 32504 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS BECKER, BONNIE JEAN 4240 MONTALVO DR PENSACOLA, FL 32504 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5425 Hibiscus Rd Pensacola FL 32504 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5425 Hibiscus Rd Pensacola FL 32504 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4045 Audubon Dr Pensacola FL 32504 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 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 617, 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: Robin B Mohanco Robin B Mohanco Jan 6 2005 (850) 418-0645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #