2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N040000/5401 1. Entity Name SEASTARS AQUATICS, INC.					FILED Aug 01, 2008 08:00 AM Secretary of State		
					Secretary	of State	1 4T
Principal Place of Business Mailing Address					Secretary	or State	
5425 HIBISCUS RD 5425 HIBISCUS RD PENSACOLA FL 32504 PENSACOLA FL 32504			1				
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address			BIST BEINT STITT STATT OF AN IN IN	ILLET 63 1881
Suite, Apt. #. etc.		Suite, Apt. #, etc.				CR2E037 (4/08)	
City & State		City & State		4. FEI Number 20-1199276		plied For t Applicable	
Zip	Country	Zip Cou		untry	5. Certificate of Status Desired	S8.75 Add Fee Required	litional d
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name			
HELLER, ROBIN M MRS				***************************************			
542	5 HIBISCUS RD ISACOLA FL 32504	Street Add		Street Address (I	P.O. Box Number is Not Acceptable)		
				City		FL Zip Code	3
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							
the obligations of registered agent. SIGNATURE SIGNATUR							
Signature, typed or minted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
9. Election Campaign Financing S5.00 May Be Added to Fees Florida Department of State							
10.	OFFICERS AND D	RECTORS	11.	,	ADDITIONS/CHANGES TO OFFICER		10
TITLE NAME	DPT . HELLER, ROBIN M	☐ Delete	TITLI		Unnono	☐ Change Croor	Addition
STREET ADDRESS CITY-ST-ZIP	5425 HIBISCUS RD PENSACOLA FL 32504		STRE	ET ADDRESS -ST-ZIP	08/01/08-8	56895 0004-018 61.2	25
TITLE	DV	☐ Delete	TITLI			☐ Change	Addition
NAME STREET ADDRESS	HELLER, CHARLES Q 5425 HIBISCUS RD		NAM STRE	E ET ADDRESS			
CITY-ST-ZIP			•	-ST-ZIP			
TITLE	D	☐ Delete	TITLI	i i		☐ Change	Addition
NAME STREET ADDRESS	MOHANCO, BECKER 4045 AUDUBON DR		NAM	E Et address			
CITY-ST-ZIP	PENSACOLA FL 32504			- \$T-ZIP			
TITLE	D	☐ Delete	TITLE	:		☐ Change	☐ Addition
NAME CERTAL ADDRESS	MOHANCO, GEORGE		NAM				
STREET ADDRESS CITY-ST-ZIP	4240 MONTALVO DR PENSACOLA FL 32504			ET ADDRESS - ST - ZIP			
TITLE	DS	☐ Delete	TITLE	<u> </u>		☐ Change	Addition
NAME	BECKER, BONNIE JEAN		NAM	·			
STREET ADDRESS CITY-ST-ZIP	4240 MONTALVO DR PENSACOLA FL 32504			ET ADDRESS - ST- ZIP			
TITLE		☐ Delete	TITLE	<u> </u>		☐ Change	Addition
NAME		22 5000	NAM				
STREET ADDRESS CITY-ST-ZIP			1	ET ADDRESS -ST-ZIP			
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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachipent with an address, with all other like empowered.							

7/11/1/158