

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# N04000005401

Entity Name: SEASTARS AQUATICS, INC.

Current Principal Place of Business:

5425 HIBISCUS RD
PENSACOLA, FL 32504

New Principal Place of Business:

5425 HIBISCUS RD
PENSACOLA, FL 32504 US

Current Mailing Address:

5425 HIBISCUS RD
PENSACOLA, FL 32504

New Mailing Address:

FEI Number: 20-1199276

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELLER, ROBIN M MRS
5425 HIBISCUS RD
PENSACOLA, FL 32504 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: HELLER, ROBIN M
Address: 5425 HIBISCUS RD
City-St-Zip: PENSACOLA, FL 32504

Title: DV () Delete
Name: HELLER, CHARLES Q
Address: 5425 HIBISCUS RD
City-St-Zip: PENSACOLA, FL 32504

Title: D () Delete
Name: MOHANCO, BECKER
Address: 4045 AUDUBON DR
City-St-Zip: PENSACOLA, FL 32504

Title: D () Delete
Name: MOHANCO, GEORGE
Address: 4240 MONTALVO DR
City-St-Zip: PENSACOLA, FL 32504

Title: DS () Delete
Name: BECKER, BONNIE JEAN
Address: 4240 MONTALVO DR
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBIN MOHANCO HELLER

DPT

03/23/2009

Electronic Signature of Signing Officer or Director

_____ Date