**FILED**
**Aug 24, 2007 8:00 am**
**Secretary of State**
08-09-2007 90054 046 ****61.25

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

66021368

08062007 Chg-NP CR2E037 (12/06)

DOCUMENT # N06000007308

1. Entity Name
OCALA AQUATICS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2019 SE 13TH STREET<br>OCALA, FL 34471 | 2019 SE 13TH STREET<br>OCALA, FL 34471 |

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 430 SW 43 Pl. | 430 SW 43 Pl. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: OCALA, Fl. | City & State: Ocala, Fl. |
| Zip: 34474 Country: USA | Zip: 34474 Country: USA |

4. FEI Number: 20-5964093 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| LANDT, FRED<br>2019 SE 13TH STREET<br>OCALA, FL 34471 | Name: John CURRAN<br>Street Address (P.O. Box Number is Not Acceptable): 430 SW 43 Pl.<br>City: OCALA FL Zip Code: 34474 |

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] 8/7/07
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 September 14, 2007**

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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>LANDT, FRED<br>2019 SE 13TH STREET<br>OCALA, FL 34471 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>CURRAN, John<br>214 SE 14 LN<br>OCALA, Fl. 34471 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>CURRAN, JOHN<br>2114 SE 14TH LANE<br>OCALA, FL 34471 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>HAGIN, JUDE<br>1914 Clatter Bridge Rd<br>OCALA, Fl. 34471 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DST<br>POOL, CORY<br>384 SW 48TH LANE<br>OCALA, FL 34474 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GRIFFIN, DANE<br>1528 SE 14 AV<br>OCALA, Fl. 34471 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>NIGHTINGALE, LORIE<br>SE 29TH COURT<br>OCALA, FL 34471 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MCMURRER, ANN<br>140 SW 70 ST,<br>OCALA, Fl. 34476 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>AIKEN, JEFF<br>2101 SW 46TH AVE<br>OCALA, FL 34471 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HAGIN, JUDE<br>1914 CLATTER BRIDGE ROAD<br>OCALA, FL 34471 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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 attachment with an address, with all other like empowered.

SIGNATURE: [signature] John J Curran
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #