

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

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90026 006 \*\*\*\*61.25

**DOCUMENT # N97000001591**

1. Entity Name

**AQUATIC ANIMAL LIFE SUPPORT OPERATORS, INC.**



Principal Place of Business

7007 SEA WORLD DRIVE  
ORLANDO FL 32821  
US

Mailing Address

PO BOX 690067  
ORLANDO FL 32869  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-3506990

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

CASE, GREGORY  
7007 SEA WORLD DRIVE  
ORLANDO FL 32821

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 \$61.25  
Due By May 1, 2008**

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	PRES	<input type="checkbox"/> Delete
NAME	TENHAGEN, GEORGE E MR	
STREET ADDRESS	7902 RIVER RIDGE DRIVE	
CITY- ST- ZIP	TEMPLE TERRACE FL 33637	

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	PONIATOWSKI, JOE	
STREET ADDRESS	225 BAKER STREET	
CITY- ST- ZIP	ATLANTA GA 30080	

TITLE	SEC	<input type="checkbox"/> Delete
NAME	ANDERSON, ROBERT	
STREET ADDRESS	PIER 59, 1483 ALASKAN WAY	
CITY- ST- ZIP	SEATTLE WA 98101	

TITLE	TREA	<input type="checkbox"/> Delete
NAME	JOHNSON, HENRY	
STREET ADDRESS	7007 SEA WORLD DRIVE	
CITY- ST- ZIP	ORLANDO FL 32821	

TITLE	BRD	<input checked="" type="checkbox"/> Delete
NAME	FILE, STEVE	
STREET ADDRESS	217 SEATON DRIVE	
CITY- ST- ZIP	GATLINBURG TN 37738	

TITLE	BRD	<input type="checkbox"/> Delete
NAME	CASE, GREG	
STREET ADDRESS	7007 SEA WORLD DRIVE	
CITY- ST- ZIP	ORLANDO FL 32821	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, RICK	
STREET ADDRESS	2016 NORTH AVE.	
CITY- ST- ZIP	LAKE BUENA VISTA FL 32830	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE	BRD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEMMEY, KENT	
STREET ADDRESS	2016 NORTH AVE	
CITY- ST- ZIP	LAKE BUENA VISTA FL 32830	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 like empowered.

SIGNATURE:

*Henry Johnson* TREA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #