## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000002564

Entity Name: OCALA AQUATICS, INC.

FILED Apr 12, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 430 SW 43RD PLACE 430 SW 43RD PLACE OCALA, FL 34474 OCALA, FL 34471 **Current Mailing Address: New Mailing Address:** 430 SW 43RD PLACE OCALA, FL 34474 FEI Number: 31-1742326 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VARGO, BILL VARGO, BILL 430 SW 43RD PLACE 430 SW 43RD PLACE OCALA, FL 34474 OCALA, FL 34471 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: 04/12/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition VARGO, BILL Name: Name: 430 SW 43RD PLACE Address: Address: City-St-Zip: OCALA, FL 34474 City-St-Zip: Title: Title: (X) Change ( ) Addition ( ) Delete WELBES, CORI Name: CURRAN, JOHN Name: Address: PO BOX 10 Address: 2114 SE 14TH LANE City-St-Zip: INGLIS, FL 34449 City-St-Zip: OCALA, FL 34471 Title: () Delete Title: (X) Change ( ) Addition BLYTHE, DEMEOLA HAGIN, JUDE Name: Name: 3240 SW 34ST APT 41 1914 CLATTER BRIDGE ROAD Address: Address: City-St-Zip: OCALA, FL 34474 City-St-Zip: OCALA, FL 34471 ( ) Delete Title: Title: SEC (X) Change ( ) Addition GRIFFIN, DANE Name: NIGHTINGALE, LORIE Name: 1528 SE 14TH AVE Address: 3566 SE 29 CT Address: City-St-Zip: OCALA, FL 34471 City-St-Zip: OCALA, FL 34471 Title: ( ) Delete Title: (X) Change ( ) Addition CURRAN, JOHN VORWEK, JOE Name: Name: 2112 SE 15 LN 480 SE 90TH STREET Address: Address: City-St-Zip: OCALA, FL 34471 City-St-Zip: OCALA, FL 34480 Title: () Delete Title: (X) Change ( ) Addition VROTSOS, PAUL VROTSOS, PAUL Name: Name: Address: 6175 SE HWY 42 Address: 6175 SE HWY 42 SUMMERFIELD, FL 34491 SUMMERFIELD, FL 34491 City-St-Zip: 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: BILL VARGO D 04/12/2009