

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # P00000069628

1. Entity Name
AQUATIC WEED MANAGEMENT, INC.



Principal Place of Business

**4925 WHITE CLAY PIT RD
HAINES CITY, FL 33844**

Mailing Address

**P.O. BOX 1259
HAINES CITY, FL 33844**



03172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3660229

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SNIVELY, JENNIFER L
4925 WHITE CLAY PIT RD
HAINES CITY, FL 33844**

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000867714
04/08/08-80083-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SNIVELY, JENNIFER L
STREET ADDRESS	4925 WHITE CLAY RD
CITY-ST-ZIP	HAINES CITY, FL 33844
TITLE	V
NAME	SNIVELY, WILLIAM
STREET ADDRESS	4925 WHITE CLAY RD
CITY-ST-ZIP	HAINES CITY, FL 33844
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 607, 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:

Bill Snively
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/18/08

Daytime Phone #

863-438-0007