## **2005 FOR PROFIT CORPORATION**

## ANNUAL REPORTS

## DOCUMENT # P00000098751



## FILED May 16, 2005 8:00 am Secretary of State 05-16-2005 90205 018 \*\*\*150.00

Entity Name     STADT AQUATIC ADVENTURES, INC.						03-16-2003 90	203 016	130.	00
Principal Place of Business Mailing Address									
48 NW HWY 19		1115 N. COUNTRY CLUB DR.					50	0527	83
CRYSTAL RIVER, FL 34428		CRYSTAL RIVER, FL 34429				O u		00	
						<b>Ba</b> na <b>Fa</b> nn <b>Fa</b> nn <b>Ba</b> nn <b>Ba</b> nn		9 I <b>ndia d</b> an H	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				<b>.</b>			
					04222005	Chg-P	CH2E0	34 (10/03)	
City & State		City & State			4. FEI Numbe			_ <del> </del>	plied For at Applicable
Zip	Country	Zip	Country			of Status Desired		8.75 Add	iitional
	6. Name and Address of Current F	Pagistared Apost	<u> </u>					ee Require	d
	o. Name and Address of Current P	registereo Agent	N	larne	7. Name and	Address of New Re	gistered A	gent -	
MITTELSTADT, SANDRAJ									
	OUNTRY CLUB DR. RIVER, FL 34429		Si	treet Address (I	P.O. Box Numbe	er is Not Acceptable)			
OKISIAL	MVLN, FL 34425								
			С	ity			FL	Zip Cod	e
8. The above	named entity submits this statement for	the purpose of changing its	registered of	iffice or register	ed agent, or bol	h, in the State of Flori		amiliar with.	and accept
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 a	ind title if applicable. (NOT	E: Registered Age	ent signature required	when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campa Trust Fund Cont	-		00 May Be ed to Fees				
10.	OFFICERS AND (	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFIC	CERS AND	DIRECTORS	S IN 11
TITLE	P	☐ Delete	TITLE					☐ Change	☐ Addition
NAME STREET ADDRESS	MITTELSTADI, SANDRA J 1115 N. COUNTRY CLUB DR.		name Street ad	ADDECC					
CITY-\$T-ZIP	CRYSTAL RIVER, FL 34429		CITY-ST-Z	1					
TITLE		☐ Delete	TITLE				<del></del>	Change	Addition
NAME			NAME					_ •	_
STREET ADDRESS CITY-ST-ZIP			STREET AD City-St-2						
TITLE		☐ Delete	TITLE	ur				☐ Change	☐ Addition
NAME		L. Derete	NAME	``				Change	Addition
STREET ADDRESS	}		STREET AD	DDRESS					
CITY-ST-ZIP		<u> </u>	CITY-ST-Z	ZIP			-		
TITLE NAME		☐ Delete	TITLE					☐ Change	Addition Addition
STREET ADDRESS			NAME STREET AD	ODRESS					
CITY-ST-ZIP			CITY-ST-Z	- j					
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
NAME CERTET ADDRESS			NAME		ı				
STREET ADDRESS CITY-ST-ZIP			STREET AD	r	•				
TITLE		☐ Delete	TITLE		<del></del>			☐ Change	☐ Addition
NAME		L Doice	NAME	f				oengo	ر ، مواسدا
STREET ADDRESS			STREET AD						
CITY-ST-ZIP			CITY+ST-Z						
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Signature and PPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIRECTOR DIRECTOR

PAO' # 352 563 1587