

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000005216 1. Entity Name AQUATECHNICS POOL & SPA, INC.	
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Principal Place of Business 3113 CORMORANT ROAD EAST DELRAY BEACH, FL 33444	Mailing Address 3113 CORMORANT ROAD EAST DELRAY BEACH, FL 33444
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04282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1066990	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

POLONSKY, MARYANNE
1289 W CAMINO REAL
BOCA RATON, FL 33486

**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 Maryanne Polonsky
Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating

4-29-05
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ARCURI, KAREN LEIGH 3113 CORMORANT ROAD EAST DELRAY BEACH, FL 33444
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ARCURI, JACK MICHAEL 3113 CORMORANT ROAD EAST DELRAY BEACH, FL 33444
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AHRENS, BRIAN HARRY 3101 CORMORANT ROAD EAST DELRAY BEACH, FL 33444
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/03/05-80122-013 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Karen Leigh Arcuri
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05
Date

561-272-33
Daytime Phone #