2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000037213 1. Entity Name

FLORIDA AQUATIC ENGINEERING & DESIGN, INC.



FILED Jan 13, 2006 08:00 AM **Secretary of State**

Principal Place of Business

Mailing Address

13311 BOCA CIEGA AVE MADEIRA BEACH, FL 33708-3443 13311 BOCA CIEGA AVE MADEIRA BEACH, FL 33708-3443



01092006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3717321 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANTHONY, JOHN F 13311 BOCA CIEGA AVE MADEIRA BEACH, FL 33708-3443

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	e above named entity submits this statement for the obligations of registered agent.	purpose of changing its regi	stered office or registered	1 agent, or both, in the State	of Florida. I am familiar with, an	d accept
SIGN	ATURE	if applicable. (NOTE: Reg	stered Agent signature required wi	han reinstating)	DATE	
			***	_		

FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS TITLE NAME FERRERAS, PAUL CORPORATE PLACE ROYAL DANE MALL STREET ADDRESS CITY-ST-ZIP ST THOMAS, VI 00802 TITLE ANTHONY, JOHN F NAME STREET ADDRESS 13311 BOCA CIEGA AVE MADEIRA BEACH, FL 337083443 CITY-ST-ZIP 1ME NAME STREET ACORESS

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12. Thereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

Ξ

SIGNATURE:

CITY-ST-ZIP

TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZP

INTED NAME OF SIGNING OFFICER OR DIRECTOR