2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P01000037213

FLORIDA AQUATIC ENGINEERING & DESIGN, INC.



FILED Mar 14, 2007 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



DO NOT WRITE IN THIS SPACE

03112007 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number

59-3717321 5. Certificate of Status Desired Not Applicable

\$8.75 Additional Fee Required

6.	Name	and Address	of	Registere	

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

DO NOT WRITE IN THIS SDACE

				114	INIS SPACE	
	named entity submits this statement for the pions of registered agent.	urpose of changing its reg	istered office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title	f applicable. (NOTE: Reg	gistered Agent signature	e required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS .		and the state of t		
TITLE	D					
NAME	FERRERAS, PAUL					
STREET ADDRESS						
CITY-ST-ZIP	ST THOMAS, VI 00802		······································		·	
TITLE .	D				HOOOOOCCEOO4	
	MME ANTHONY, JOHN F			U00000665884 03/23/07-80048-008 150.00		
STREET ADDRESS 13311 BOCA CIEGA AVE CITY-ST-ZIP MADEIRA BEACH, FL 337083443					05/25/01/00040-000 150.00	
	WADEINA BEACH, FE 337083443					
TITLE NAME :					,	
STREET ADDRESS						
CITY-ST-ZIP				DO	NOT WRITE	
TITLE				181 -	THE CDACE	
NAME.				IN	THIS SPACE	
STREET ADDRESS						
CITY-ST-ZIP					·	
TITLE	**************************************				;	
NAME					,	

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 attachmer

SIGNATURE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET AODRESS