

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 26, 2004 8:00 am
Secretary of State

05-26-2004 90004 002 ***150.00

DOCUMENT # P01000077266

1. Entity Name

"AGE OF AQUARIUS" NEW AGE SCIENCE OF THE
SOUL, REVOLUTIONARY ENLIGHTENMENT & CULTURAL



Principal Place of Business

259 BENCHOR RD NW
PALM BAY FL 32907

Mailing Address

259 BENCHOR RD NW
PALM BAY FL 32907

44045999



MOORE

CR2E034 (4/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3751761

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NNAMANI, MARVA
259 BENCHOR RD NW
PALM BAY FL 32907

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PCEO
SURGEON, MARVA
259 BENCHOR RD
PALM BAY FL ☐ Delete *SURGEON*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
C
HEPBUNN, PETER
1827 JUPITER BLVD
PALM BAY FL 32907 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
C
SURGEON, EDWARD W
259 BEACHON RD
PALM BAY FL 32907 ☐ Delete *SURGEON*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/04
Date
Digitime Phone #

Attachment

#PO1000077266

44045999

Age of Aquarius

New Age Science of the Soul

259 Bencho Rd

Palm Bay FL

32907

Dear Sir madam

I have Requested by Phone for my Annual Report AR 2004 AS None was Posted to Age of Aquarius for the Year 2004. Hence, I am not subject to Any Penalty of late payment due to negligence on the State Department.

Enclosed are Your Cheque for \$150.

Thank you

Respectfully

MARVA, Surgeon
5/18/04.

Not Surgeon.