

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000117728

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** WATER-SCAAP POND & AQUARIUM PLANTS, INC.

**Current Principal Place of Business:**

15602 WATERSCAPES LANE  
PLANT CITY, FL 33566

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1827  
SEFFNER, FL 335831827

**New Mailing Address:**

**FEI Number:** 80-0029011

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEPOCHAT, MARIA L  
106 HALTON CIRCLE  
SEFFNER, FL 33584 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PTSD  
Name: LEPOCHAT, PIERRE  
Address: 106 HALTON CIRCLE  
City-St-Zip: SEFFNER, FL 33584

Title: VP  
Name: LEPOCHAT, MARIA L  
Address: 106 HALTON CIRCLE  
City-St-Zip: SEFFNER, FL 33584

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARIA L. LEPOCHAT

VP

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date