


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000022056
 1. Entity Name
 AQUA SCAPE POOLS & SPAS, INC.



Principal Place of Business
 6639 N CARL G ROSE HWY
 HERNANDO, FL 34442

Mailing Address
 6639 N CARL G ROSE HWY
 HERNANDO, FL 34442

DO NOT WRITE IN THIS SPACE



03222008 No Chg-P CR2E034 (11/05)

4. FEI Number
 03-0394130

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HELTON, GREGORY
 6639 N CARL G ROSE HWY
 HERNANDO, FL 34442

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

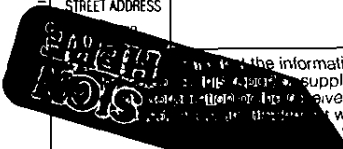
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000878951
 04/15/08-80001-002 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD HELTON, GREGORY 6639 N CARL G ROSE HWY HERNANDO, FL 34442
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I 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 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; that I am the owner 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 applicable.

SIGNATURE: Gregory S. Hill Date: 3/31/08 Daytime Phone #: 352-726-9391

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR