


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000050937 1. Entity Name AQUATIC HOBBYIST INC.	
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Principal Place of Business 6951 NE 7TH AVE. BOCA RATON, FL 33487	Mailing Address 6951 NE 7TH AVE. BOCA RATON, FL 33487
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DO NOT WRITE IN THIS SPACE



06072005 No Chg-P CR2E034 (10/03)

4. FEI Number 81-0551162	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HUFFMAN, JOHN P 6951 NE 7TH AVE. BOCA RATON, FL 33487

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., this corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUFFMAN, JOHN P 6951 NE 7TH AVE. BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO HUFFMAN, ROBIN R 6951 NE 7TH AVE BOCA RATON, FL 33487
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<p>1100000369554 06/14/05-80001-009 158.75</p> <p>DO NOT WRITE IN THIS SPACE</p>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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	6/1/05 Date	561997649 Daytime Phone #
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