2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# P02000073394

Entity Name: AQUATIC DIMENSIONS, INC.

Current Principal Place of Business:

1529 NW 42ND PL
OCALA, FL 34475

New Principal Place of Business:

Current Mailing Address:

1529 NW 42ND PL
OCALA, FL 34475

New Mailing Address:

PO BOX 193
OCALA, FL 34470

FEI Number: 02-0627812 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PENNY, MELISSA
1529 NW 42ND PL
OCALA, FL 34475 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HECKMAN, JESSE
Address: 1529 NW 42ND PL
City-St-Zip: OCALA, FL 34475

Title: V ( ) Delete
Name: PENNY, MELISSA
Address: 1529 NW 42ND PL
City-St-Zip: OCALA, FL 34475

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JESSE HECKMAN PRES 01/08/2009

Electronic Signature of Signing Officer or Director Date