


158.75

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000088580

1. Entity Name
AQUATIC HEALTH AND REHABILITATION SERVICES, INC.



Principal Place of Business
595 N COURTENAY PKWY # 203 MERRITT ISLAND, FL 32953

Mailing Address
PO BOX 541210 MERRITT ISLAND, FL 32954-1210

FILED
08 APR -1 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03142008 No Chg-P CR2E034 (11/05)

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4. FEI Number 04-3709119	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

SHEPHERD, TEREASA DIANNE
785 LARKVIEW ST.
MERRITT ISLAND, FL 32953

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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 reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHEPHERD, TEREASA D 785 LARKVIEW ST MERRITT ISLAND, FL 32953
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12. I hereby 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 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: *Jenny Shepherd P.M.S.N.A.* **3/14/08** **321-453-8484**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #