

DOCUMENT # P02000091970

1. Entity Name  
AQUATIC WORKS, INC.**FILED**  
**Sep 05, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90191 017 \*\*\*150.00

09-05-2008 90002 041 \*\*\*150.00

Principal Place of Business  
8573 N.W. 18TH PLACE  
CORAL SPRINGS, FL 33071Mailing Address  
8573 N.W. 18TH PLACE  
CORAL SPRINGS, FL 330712. Principal Place of Business - No P.O. Box #  
*10194 Royal Palm Blvd.*  
Suite, Apt. #, etc.3. Mailing Address  
*10194 Royal Palm Blvd.*  
Suite, Apt. #, etc.

\* INDICATE THE NUMBER OF THE BUSINESS ENTITY BEING REGISTERED (1-1000)

09032008

Chg-P

CR2E034 (12/06)

City & State  
*Coral Springs FL*City & State  
*Coral Springs FL*4. FEI Number  
75-3078225Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee RequiredZip  
*33075*Country  
*USA*Zip  
*33075*Country  
*USA*

6. Name and Address of Current Registered Agent

MCMAHON, KATHRYNE  
8573 N.W. 18TH PLACE  
CORAL SPRINGS, FL 33071

7. Name and Address of New Registered Agent

Name  
*Same*

Street Address (P.O. Box Number is Not Acceptable)

*10194 Royal Palm Blvd.*City  
*Coral Springs, FL*

FL

Zip Code  
*33075*

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

*Kathryn McMahon*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!! FEE IS \$150.00**  
**Due by September 12, 2008**9. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesIn accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
D  
MCMAHON, KATHRYNE  
~~8573 N.W. 18TH PLACE~~  
~~CORAL SPRINGS, FL 33071~~ ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☒ Change ☐ Addition  
*10194 Royal Palm Blvd.*  
*Coral Springs FL 33075*TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

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:

*Kathryn McMahon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #