## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000126885

Address:

City-St-Zip:

3410 SEFFNER DRIVE

HOLIDAY, FL 34691

**FILED** Apr 29, 2005 Secretary of State

Entity Name: CHARZ AQUATIC, INC. **Current Principal Place of Business: New Principal Place of Business:** 7631 CAYUGA DRIVE NEW PORT RICHEY, FL 34653 **Current Mailing Address: New Mailing Address:** 7631 CAYUGA DRIVE NEW PORT RICHEY, FL 34653 FEI Number: 16-1640653 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COLLIER, JAMES H SR COLLIER, JAMES H SR 7238 MAPLEHURST DRIVE 9110 STERLING LANE US PORT RICHEY, FL 34668 PORT RICHEY, FL 34668 US 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: JAMES H COLLIER SR 04/29/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition SYLVESTER, GERALD R Name: Name: 7419 ASTOR DRIVE Address: Address: City-St-Zip: NEW PORT RICHEY, FL 34652 City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: SYLVESTER, CHARLENE M Name: 7419 ASTRO DRIVE Address: Address: NEW PORT RICHEY, FL 34652 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition SIMMONDS, KRISTI S Name: Name: 7631 CAYUGA DRIVE Address: Address: City-St-Zip: NEW PORT RICHEY, FL 34652 City-St-Zip: Title: () Delete Title: () Change () Addition SYLVESTER, TERESE R Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Address:

City-St-Zip:

Ρ SIGNATURE: GERALD R SYLVESTER 04/29/2005