

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000126885

Entity Name: CHARZ AQUATIC, INC.

FILED  
Apr 30, 2008  
Secretary of State

## Current Principal Place of Business:

7631 CAYUGA DRIVE  
NEW PORT RICHEY, FL 34653

## New Principal Place of Business:

7419 ASTOR DRIVE  
NEW PORT RICHEY, FL 34652

## Current Mailing Address:

7631 CAYUGA DRIVE  
NEW PORT RICHEY, FL 34653

## New Mailing Address:

7419 ASTOR DRIVE  
NEW PORT RICHEY, FL 34652

FEI Number: 16-1640653

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COLLIER, JAMES H SR  
14055 TENNYSON DRIVE  
HUDSON, FL 34667 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: SYLVESTER, GERALD R  
Address: 7419 ASTOR DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D ( ) Delete  
Name: SIMMONDS, KRISTI S  
Address: 7631 CAYUGA DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D ( ) Delete  
Name: SYLVESTER, TERESE R  
Address: 3410 SEFFNER DRIVE  
City-St-Zip: HOLIDAY, FL 34691

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: GERALD R SYLVESTER

P

04/30/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date