## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # P03000012309

1. Entity Name

AQUAJET FOUNTAINS, INC.

Principal Place of Business

Mailing Address

3 WINCHEST DRMOND BE	TER ROAD EACH FL 32174	8 WINCHESTER ROAD ORMOND BEACH FL 32174									
. Principal Pt	ace of Business	3. Mailing Address				III	100 B 1215 KB 1011 91X	O OTHER STREET, MAINT W.K.	es imo seus co	» KM	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				1st	MOORE	CR2E034 (	(10/05)		
City & State	3	City & State				4. FEI Numb	. FEI Number 13-4235153				
Zip	Country	Zip	Counti	ry						3.75 Additional e Required	
	6. Name and Address of Current	Registered Agent				7. Name and	Address of New	Registered Ag	ent		
				Name	_					,	
BEACH, ANN E 8 WINCHESTER ROAD ORMOND BEACH FL 32174			}	Street Address (P.O. Box Number is Not Acceptable)							
				City				FL	Zip Cod	e;	
the obligati	Signature, typed or printed name of registered agent					d agent, or bo	oth, in the State of F	lorida. I am fa OATE	miliar with,	and accept	
After A	ILE NOW!!! FEE IS \$150,00 May 1, 2006 Fee Will Be \$550.00 Payable to Florida Department o						9. Election Camp Trust Fund Co	paign Financin Intribution. [		00 May Be ed to Fees	
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS	/CHANGES TO OF	FICERS AND I	DIRECTOR	S IN 11	
TITLE	DP.	Delete	TITLE	ŀ					Change	Addition	
NAME	BLOCKER, WILLIAM E JR		HAME	1	•						
				ET ADDRESS							
CITY-SI-ZIP	ORMOND BEACH FL 32174		CHY-	\$1-20P	* ::::						
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NAME			NAME								
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City-St-Zip			CITY-	-ST-ZIP	1	•					

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 tike empowered.

Beach | ANN BEACH!

SIGNATURE:

03-02-06

800-351-8814

**FILED** 

Apr 10, 2006 8:00 am Secretary of State

03-10-2006 90011 048 \*\*\*150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AF) 3/10/2006-90011-048-\$150.00-\$150.00

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Zip	Country	Zip	iry	A0 91				fot Applicable		
ļ						5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of Current	Registered Agent		Name	7. Name an	d Address of New	Registered A	gent		
	CH, ANN E		i	Cuasa Adda	(D.O. Dr., N)					
	INCHESTER ROAD MOND BEACH FL 32174			Sheet Vinde	Sureet Address (P.O. Box Number is Not Acceptable)					
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,			j	City			FL	Zip Cox	- 1	
8. The above	named entity submits this statement for tions of registered agent.	r the purpose of changing its	registers	d office or req	istered agent, or b	oth, in the State of F	orida. I am f	amiliaz with	. and accept	
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NAME STREET ADDRESS			NAME				•			
CISY-ST-ZIP			CITY-S	T ADDRESS SI-ZIP						
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 frustee empowered to succule this report as required by Chapter 607, Roida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachmost pyth an agdiase, with all other like empowered.										
		rech 1 Am	2~	/	112-1	2 4/	<i>a</i> n	-,		
SIGNAT	URE: SIGNATURE AND TYPED OR P	PRINTED HAME OF SIGNING OFFICER O	CAC PAC	<del>N</del> /	00 V)	2-06	900 - 35	<u> </u>	14	



## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 13, 2006

AQUAJET FOUNTAINS, INC. 8 WINCHESTER ROAD ORMOND BEACH, FL 32174

Subject: AQUAJET FOUNTAINS, INC.

Reference Number:

P03000012309

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE ANNUAL REPORTS SECTION

## ATTACHWENT

#P03000012309

