


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

03-22-2004 90041 022 ***150.00

DOCUMENT # P03000041935 1. Entity Name AQUA PROS, INC.					
Principal Place of Business 9611 SW 45TH AVE OCALA, FL 34476			Mailing Address P O BOX 5404 OCALA, FL 34478		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address Suite, Apt. #, etc. City & State Zip			
4. FEI Number 14-1871832		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
5. Name and Address of Current Registered Agent DUNHAM, LINDA 5507 SE 111TH ST BELLEVIEW, FL 34420			7. Name and Address of New Registered Agent Name PAT Walker Street Address (P.O. Box Number is Not Acceptable) 9611 SW 45TH AVE City OCALA FL Zip Code 34476		
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 <u><i>Pat Walker</i></u> DATE 3-10-04 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			President PAT WALKER 9611 SW 45th Ave OCALA, FL 34476		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Vice President KRISTIE WALKER 9611 SW 45th Ave OCALA, FL 34476		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Treas. PAT WALKER 9611 SW 45th Ave OCALA, FL 34476		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Secretary KRISTIE WALKER 9611 SW 45th Ave OCALA, FL 34476		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u><i>Pat Walker</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 3-1-04 Daytime Phone 352-266-3710		