
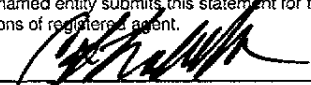
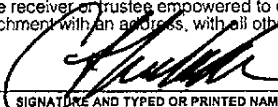


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000056995		
1. Entity Name AQUATECTURE OF GAINESVILLE, INC.		
Principal Place of Business 6623 SW ARCHER ROAD GAINESVILLE, FL 32608 US	Mailing Address 6623 SW ARCHER ROAD GAINESVILLE, FL 32608 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LUKASIK, GEORGE 9231 NW 12TH PLACE GAINESVILLE, FL 32606		DO NOT WRITE IN THIS SPACE
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:  DATE: <u>4-27-06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000557458 05/17/06-80052-003 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUKASIK, GEORGE 9231 NW 12TH PLACE GAINESVILLE, FL 32606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LUKASIK, CHRISTINA 9231 NW 12TH PLACE GAINESVILLE, FL 32606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LUKASIK, CHRISTINA 9231 NW 12TH PLACE GAINESVILLE, FL 32606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LUKASIK, GEORGE 9231 NW 12TH PLACE GAINESVILLE, FL 32606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  DATE: <u>4-27-06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		