

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 04, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # P03000098478**

1. Entity Name

AQUA BOTTOMS BOAT SERVICES, INC.



Principal Place of Business

1304 NE WHITE PINE TERR  
JENSEN BEACH, FL 34957

Mailing Address

P.O. BOX 2132  
JENSEN BEACH, FL 34958



05012005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0234790

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ELEK, EMERY A  
1652 SW CROSSING CIR  
PALM CITY, FL 34990

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ELEK, EMERY A
STREET ADDRESS	1304 NE WHITE PINE TERR
CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	VS
NAME	ELEK, KATHLEEN
STREET ADDRESS	1304 NE WHITE PINE TERR
CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000362342  
05/05/05-80114-003 300.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/01/05 772-334-6262

Date

Daytime Phone #