

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90049 041 ***150.00

DOCUMENT # P03000138174

1. Entity Name
A A & K AQUATICS, INC.



Principal Place of Business
1904 BARTON PARK RD., SUITE 416
AUBURNDAL, FL 33823

Mailing Address
1904 BARTON PARK RD., SUITE 416
AUBURNDAL, FL 33823

40007557



2. Principal Place of Business
1902 Barton Park

3. Mailing Address
1902 Barton Park

Suite, Apt. #, etc.
209

Suite, Apt. #, etc.
209

01102005 Chg-P CR2E034 (10/03)

City & State
Auburndale FL

City & State
Auburndale FL

4. FEI Number
83-0372877

Applied For
Not Applicable

Zip
33823

Country
Polk

Zip
33823

Country
Polk

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALEXANDER, DANIEL
1904 BARTON PARK RD., SUITE 416
AUBURNDAL, FL 33823

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1902 Barton Park Ste 209
City Auburndale FL Zip Code 33823

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-15-05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PDS ☐ Delete
NAME ALEXANDER, DANIEL
STREET ADDRESS 4806 OAK ACRES DR.
CITY-ST-ZIP LAKE WALES, FL 33853

TITLE VTD ☐ Delete
NAME KELLY, KENNETH B
STREET ADDRESS 1175 SOUTH LAKE STAR BLVD.
CITY-ST-ZIP LAKE WALES, FL 33853

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-05

Date

8639652899

Daytime Phone #