2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000149918

Entity Name: AQUATIC LAND DEVELOPMENT, INC.

FILED Jan 29, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

4410 CAPE SAN BLAS ROAD 2074 WEST U.S. HIGHWAY 98 PORT ST. JOE, FL 32456 CARRABELLE, FL 32322

Current Mailing Address: New Mailing Address:

P. O. BOX 698 PORT ST. JOE, FL 32457

FEI Number: 56-2423769 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GIBSON, THOMAS S 206 E. 4TH STREET PORT ST. JOE, FL 32456 US

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.

SIGNATURE:

Date

Electronic Signature of Registered Agent

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition LOWE, RAYLENE F LOWE, RAYLENE F Name: Name: 4410 CAPE SAN BLAS ROAD 2074 WEST U.S. HIGHWAY 98 Address: Address: City-St-Zip: PORT ST. JOE, FL 32456 City-St-Zip: CARRABELLE, FL 32322

() Delete Title: VP,D Title: VP,D (X) Change () Addition

Name: LOWE, RAYLENE F Name: LOWE. RAYLENE F 4410 CAPE SAN BLAS ROAD Address: 2074 WEST U.S. HIGHWAY 98 Address: PORT ST. JOE, FL 32456 CARRABELLE, FL 32322 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAYLENE F. LOWE PD 01/29/2005