

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000154079

Entity Name: AQUA/FUEL SERVICES, INC.

FILED  
Jan 03, 2007  
Secretary of State

## Current Principal Place of Business:

110 SHELL AVENUE  
FT WALTON BEACH, FL 32548

## New Principal Place of Business:

214 HOSPITAL DRIVE  
FT WALTON BEACH, FL 32548

## Current Mailing Address:

P.O. BOX 1027  
FT WALTON BEACH, FL 32549

## New Mailing Address:

FEI Number: 20-0513862      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: MURRAY, RICHARD  
Address: 110 SHELL AVE.  
City-St-Zip: FT WALTON BEACH, FL 32548

Title: V.P. ( ) Delete  
Name: MURRAY, RAY  
Address: 110 SHELL AVE  
City-St-Zip: FT. WALTON BEACH, FL 32548

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: MURRAY, RICHARD  
Address: 214 HOSPITAL DRIVE.  
City-St-Zip: FT WALTON BEACH, FL 32548

Title: V.P. (X) Change ( ) Addition  
Name: MURRAY, RAY  
Address: 214 HOSPITAL DRIVE  
City-St-Zip: FT. WALTON BEACH, FL 32548

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: RAY MURRAY

VP

01/03/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date