


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-27-2005 90274 031 ***158.75

DOCUMENT # P04000015010

1. Entity Name
AQUA HOUSE REMODELING, INC.



Principal Place of Business
**22427 NW 227TH DR
 HIGH SPRINGS, FL 32694**

Mailing Address
**22427 NW 227TH DR
 HIGH SPRINGS, FL 32694**

14001620



2. Principal Place of Business
22427 NW 227th DR

3. Mailing Address
22427 NW 227th DR

Suite, Apt. #, etc.

01252005 Chg-P CR2E034 (10/03)

City & State
High Springs, FL

City & State
High Springs FL

Zip
32643

Country
Alachua

Zip
32643

Country
Alachua

4. FEI Number
56-2432473

Applied For
 Not Applicable

6. Certificate of Status Desired **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent

**MORGAN, WAYNE A
 22427 NW 227TH DR
 HIGH SPRINGS, FL 32694**

7. Name and Address of New Registered Agent

Name
MORGAN, WAYNE A

Street Address (P.O. Box Number is Not Acceptable)
22427 NW 227th DR

City
High Springs

FL Zip Code
32643

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 *Wayne Morgan* DATE **4-24-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	P MORGAN, WAYNE A 22427 NW 227TH DR HIGH SPRINGS, FL 32694	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOBLEY, PHILLIP M P.O. BOX 685 WALDO, FL 32694	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORGAN, WAYNE A 22427 NW 227th DR High Springs, FL 32643	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Wayne Morgan* DATE **4-24-05**

352-224-8202