

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 MAR -1 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01132005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000075245 1. Entity Name AQUATIC DESIGN & CONSTRUCTION, INC.					
Principal Place of Business 1700 NE 26 STREET 4 FT LAUDERDALE, FL 33305 US		Mailing Address 1700 NE 26 STREET 4 FT LAUDERDALE, FL 33305 US			
2. Principal Place of Business 6500 NW 15th Avenue Suite, Apt. #, etc. 200		3. Mailing Address 6500 NW 15th Avenue Suite, Apt. #, etc. 200			
City & State Fort Lauderdale, FL Zip 33309		City & State Fort Lauderdale, FL Zip 33309		Country USA	
4. FEI Number 20-1113328		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ADLER, KARL W ESQ. 1700 NE 26 STREET 4 FT LAUDERDALE, FL 33305			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GREINER, SCOTT D 6500 NW 15 AVENUE #200 FT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	600048027936 03/09/05--01009--003 **200.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOOBIE, SCOTT T 6500 NW 15 AVENUE #200 FT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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 reports 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:				2/24/05 Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Days/In Phone #	