

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

2007 MAR 27 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000111556

1. Entity Name
ALAQUA INVESTMENTS, INC.



Principal Place of Business
195 INTERNATIONAL PARKWAY
HEATHROW, FL 32746

Mailing Address
195 INTERNATIONAL PARKWAY
HEATHROW, FL 32746



02262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1463419

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GEYS, LOUIS
195 INTERNATIONAL PARKWAY
HEATHROW, FL 32746

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IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GEYS, LOUIS
STREET ADDRESS	195 INTERNATIONAL PARKWAY
CITY-ST-ZIP	HEATHROW, FL 32746
TITLE	VP
NAME	GEYS, WESLEY
STREET ADDRESS	195 INTERNATIONAL PARKWAY
CITY-ST-ZIP	HEATHROW, FL 32746
TITLE	VP
NAME	GEYS, MARINA
STREET ADDRESS	195 INTERNATIONAL PARKWAY
CITY-ST-ZIP	HEATHROW, FL 32746
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

500095906345
04/05/07--01043--018 **1450.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: RESIDENT _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

3/30