## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P05000103399

SANCTUARY AQUARIUM, INC.



Principal Place of Business

**59 TARPON AVENUE** KEY LARGO, FL 33037 Mailing Address

P.O. BOX 1264 TAVERNIER, FL 33037

## **FILED** Apr 30, 2008 8:00 am Secretary of State

04-30-2008 90157 019 \*\*\*150.00



DO NOT	WR	ITE	IN	THIS	SPACE
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6. Name and Address of Current Registered Agent

Applied For 4. FEI Number 20-3231010 Not Applicable \$8.75 Additional

5. Certificate of Status Desired 

No Chg-P

03112008

Fee Required

CR2E034 (11/05)

GUENTHER, JOSEPH C

## DO NOT WRITE

59 TARPON AVENUE KEY LARGO, FL 33037			IN THIS SPACE			
	named entity submits this statement for the pions of registered agent.	urpose of changing its registered office	e or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept		
SIGNATURE_	Signature, typed or printed name of registered agent and title i	! applicable. (NOTE: Registered Agent sig	J Agent signature required when reinstating)  DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Slection Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees			
10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	P GUERITHER, JOSEPH -> GUER 59 TARPON AVE KEY LARGO, FL 33037	<del></del>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS GUENTHER, BONNIE 59 TARPON AVE KEY LARGO, FL 33037					
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR