2008 FOR PROFIT CORPORATION. ANNUAL REPORT

Secretary of State 03-05-2008 90027 002 ***150.00 DOCUMENT # P05000110843 1. Entity Name AQUATIC INVESTMENTS OF PASCO, INC. Principal Place of Business Mailing Address 17641 DRAYTON ST. 17641 DRAYTON ST. SPRING HILL, FL 34610 SPRING HILL, FL 34610 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 17641 DRAYTUN 17641 DRAYTON ST Suite, Apt. #, etc. Suite, Apt. #, etc. 01282008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For SPRING HILL SPRING H_{I} LL FL 20-3202275 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA 34610 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GRAHAM GRAHAM, SUSAN E Street Address (P.O. Box Number is Not Acceptable) 17641 DRAYTON ST. SPRING HILL, FL: 34610 Zip Code 346/0 SPRING HILL 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 m - 10 Steson & JETMORE SUSAN E GRAHAM PRESIDENT Signature, typed of printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete Addition TITLE TITLE Change GRAHAM, SUSAN E NAMÉ NAME STREET ADDRESS 17641 DRAYTON ST. STREET ADDRESS CITY-ST-ZIP SPRING HILL, FL 34610 CHTY-ST-ZIP TITLE ☐ Delete TITLE Change Addition JETMORE, DANNY T STREET ADDRESS 17641 DRAYTON ST. STREET ADDRESS CITY-ST-ZIP SPRING HILL, FL 34610 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE TITLE Delete □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filling 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.

JUSAN E GRAHAM

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

Mar 05, 2008 8:00 am

727 858 1947

Daytime Phone #

3-01-08

Date