

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000040039

1. Entity Name
PREMIER AQUATIC DESIGNS, INC.



Principal Place of Business
230 N. GARFIELD AVENUE
DELAND, FL 32724

Mailing Address
230 N. GARFIELD AVENUE
DELAND, FL 32724

DO NOT WRITE IN THIS SPACE

FILED
Jul 11, 2008 08:00 AM
Secretary of State



07032008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-4440147

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOWDEN, NATHANIEL
230 N. GARFIELD AVENUE
DELAND, FL 32724

**DO NOT WRITE
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LOWDEN, NATHANIEL
STREET ADDRESS	230 N. GARFIELD AVENUE
CITY-ST-ZIP	DELAND, FL 32724
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000954256
07/11/08-80006-004 558.75

**DO NOT WRITE
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: *Nathaniel Lowden* *Nathaniel Lowden*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-6-08 386-479-1925

Date

Daytime Phone #