2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2008 8:00 am
Secretary of State
03-24-2008 90042 007 ***150.00

DOCUMENT # P06000098041

1. Entity Name
AQUA SEAS REALTY INC.

Principal Place of Business	Mailing Address
11617 DUDA ROAD HUDSON FL 34667-5920 US	11617 DUDA ROAD HUDSON FL 34667-5920 US

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
11331 Little Rd.	11617 Duda Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New Port Richey, FL	City & State: Hudson, FL
Zip: 34654 Country: USA	Zip: 34667 Country: USA

4. FEI Number 20-5264695 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KRISTINE M BIGELOW, CPA, PA
6630 EMBASSY BLVD
SUITE B
PORT RICHEY FL 34668-4737

7. Name and Address of New Registered Agent

Name: LANA BLACK
Street Address (P.O. Box Number is Not Acceptable): 11617 Duda Road
City: Hudson FL Zip Code: 34667

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: Lana Black, Secy LANA BLACK 3/8/2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BLACK, FRANK		NAME	
STREET ADDRESS	11617 DUDA ROAD		STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL 34667-5920		CITY-ST-ZIP	
TITLE	SECY	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BLACK, LANA		NAME	
STREET ADDRESS	11617 DUDA ROAD		STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL 34667-5920		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ 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-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Lana Black, LANA BLACK 3/8/'08 727-868-2036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #