

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000154289

FILED
Apr 29, 2009
Secretary of State

Entity Name: AQUATIC SYSTEMS & DESIGNS, INC.

Current Principal Place of Business:

17687 ASHLEY DRIVE
PANAMA CITY BEACH, FL 32413

New Principal Place of Business:

Current Mailing Address:

17687 ASHLEY DRIVE
PANAMA CITY BEACH, FL 32413

New Mailing Address:

FEI Number: 20-8084417 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRINGTON, TERESA A
17687 ASHLEY DRIVE
PANAMA CITY BEACH, FL 32413 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SEAMON, MICHAEL E
Address: 1410 THURSO RD
City-St-Zip: LYNN HAVEN, FL 32444

Title: DV () Delete
Name: FLEMING, DENZIL D
Address: 124 RUSTY GANS DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: DCST () Delete
Name: COX, RICHARD L JR
Address: PO BOX 9088
City-St-Zip: PANAMA CITY BEACH, FL 32417

Title: D () Delete
Name: HUNT, JEFFREY S
Address: 7403 S LAGOON DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: D () Delete
Name: WILLIAMS, ROBERT
Address: 455 HARRISON AVE SUITE G
City-St-Zip: PANAMA CITY, FL 32401

Title: D () Delete
Name: WILKINS, IAN
Address: 1608 EAST 13TH PLAZA
City-St-Zip: LYNN HAVEN, FL 32444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD L COX JR

DCST

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date