

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000014046

FILED
Apr 30, 2009
Secretary of State

Entity Name: AQUATEK RESTORATION SERVICES INC

Current Principal Place of Business:

1632 ROYAL FERN LANE
ORANGE PARK, FL 32003 US

New Principal Place of Business:

106 E STREET
ST. AUGUSTINE, FL 32080 US

Current Mailing Address:

1632 ROYAL FERN LANE
ORANGE PARK, FL 32003 US

New Mailing Address:

106 E STREET
ST. AUGUSTINE, FL 32080 US

FEI Number: 68-0673933

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STYLES, CHRISTOPHER I
1632 ROYAL FERN LANE
ORANGE PARK, FL 32003 US

Name and Address of New Registered Agent:

STYLES, DARREN A
106 E STREET
ST. AUGUSTINE, FL 32080 US

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: DARREN A. STYLES

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STYLES, CHRISTOPHER I
Address: 1632 ROYAL FERN LANE
City-St-Zip: ORANGE PARK, FL 32003 US

Title: ST (X) Delete
Name: STYLES, CYNTHIA
Address: 1632 ROYAL FERN LANE
City-St-Zip: ORANGE PARK, FL 32003 US

Title: DIR (X) Delete
Name: STYLES, CHRISTOPHER I
Address: 1632 ROYAL FERN LANE
City-St-Zip: ORANGE PARK, FL 32003 US

Title: DIR () Delete
Name: STYLES, DARREN A
Address: 1632 ROYAL FERN LANE
City-St-Zip: ORANGE PARK, FL 32003 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: STYLES, DARREN A
Address: 106 E STREET
City-St-Zip: ST. AUGUSTINE, FL 32080

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

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

Title: DIR (X) Change () Addition
Name: STYLES, DARREN A
Address: 106 E. STREET
City-St-Zip: ST. AUGUSTINE, FL 32080 US

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: DARREN A. STYLES

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date