

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P36804

1. Entity Name
AQUATHERM INDUSTRIES, INC.



Principal Place of Business
**1940 RUTGERS UNIVERSITY BOULEVARD
LAKEWOOD, NJ 08701 US**

Mailing Address
**1940 RUTGERS UNIVERSITY BOULEVARD
LAKEWOOD, NJ 08701 US**

DO NOT WRITE IN THIS SPACE



01302004 No Chg-P CR2E034 (10/03)

4. FEI Number
22-3022839

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**GORRAN, JODY A.
6019 VIA VENETIA SOUTH
DELRAY BEACH, FL 33484**

**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 \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **SIZELOVE, DAVID**
STREET ADDRESS **1940 RUTGERS UNIVERSITY BLVD**
CITY-ST-ZIP **LAKEWOOD, NJ**

TITLE **STD**
NAME **MAYBERG, NORMAN**
STREET ADDRESS **83 GARRISON PL**
CITY-ST-ZIP **EAST WINDSOR, NJ 08520**

TITLE **CD**
NAME **GORRAN, JODY A.**
STREET ADDRESS **6019 VIA VENETIA SOUTH**
CITY-ST-ZIP **DELRAY BEACH, FL 33484**

TITLE **D**
NAME **GORRAN, ALICIA**
STREET ADDRESS **6019 VIA VENETIA SOUTH**
CITY-ST-ZIP **DELRAY BEACH, FL 33484**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000042021
02/10/04-80005-025 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

NORMAN S. MAYBERG 732-363-3880
Date **2/5/04**