

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 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**



04052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3022839	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 re-registering)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	

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04/11/05-80111-013 158.75

**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(3)(i), 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 A MAYBERG, TREASURER