

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90064 042 \*\*\*150.00

**DOCUMENT # P93000007311**

1. Entity Name

ADVANCED AQUACARE, INC.



Principal Place of Business

2145 S US 1  
ROCKLEDGE FL 32955  
US

Mailing Address

P O BOX 633  
COCOA FL 32923-0633  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3165267

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

RILEY, BRENDA G  
443 SUMMERS CREEK DR  
MERRITT ISLAND FL 32952

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

*Brenda G Riley President*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/16/04

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 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

TITLE DP ☐ Delete  
NAME RILEY, BRENDA G  
STREET ADDRESS 443 SUMMERS CREEK DR  
CITY-ST-ZIP MERRITT ISLAND FL 32952

TITLE DT ☐ Delete  
NAME RILEY, MICHAEL W  
STREET ADDRESS 443 SUMMERS CREEK DR  
CITY-ST-ZIP MERRITT ISLAND FL 32952

TITLE D ☐ Delete  
NAME SPILLERS, STEPHEN  
STREET ADDRESS 2905 TEMPLE LN  
CITY-ST-ZIP MIMS FL 32754

TITLE DV ☐ Delete  
NAME HODGES, CHERYL  
STREET ADDRESS 230 W CENTREL AVE  
CITY-ST-ZIP VERO BEACH FL 32963

TITLE DS ☐ Delete  
NAME HODGES, DAVID  
STREET ADDRESS 230 W CENTREL AVE  
CITY-ST-ZIP ORANGE CITY FL 32763

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

*Brenda G Riley President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/04 321-453-7428