

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Aug 08, 2005 8:00 am
Secretary of State

08-08-2005 90044 042 ***150.00

DOCUMENT # P96000087819

1. Entity Name
AQUABOTICS, INC.



Principal Place of Business

84961 OLD HWY

8

ISLAMORADA, FL 33036 US

Mailing Address

84961 OLD HWY

8

ISLAMORADA, FL 33036 US

50060259



08022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0701901

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HEIDE, STEVEN J
135 MADEIRA ROAD
ISLAMORADA, FL 33036

**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 \$550.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSTD
HIEDE, STEVEN JOHN
84961 OLD HWY #8
ISLAMORADA, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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

8-1-05 305-853-5390

Date

Daytime Phone #

ATTACHMENT
5006259

Aquabotics, Inc.
84961 Old Highway #8
Islamorada, Fl. 33036
305 853 5390

July 29, 2005

Florida Dept. of State
Division of Corporations
PO Box 6478
Tallahassee, Fl. 32314

RE: Aquabotics, Inc.
P96000087819

Aquabotics, Inc. respectfully requests a waiver of any Florida Corporate Reinstatement Late Fee. We did not receive any notices for payment of the annual fee for the year 2005.

Obviously, if we did receive a notice, as we have received in past years, we would have paid the fee.

Please accept our request and enclosed is a check for \$150.00 for 2005.

I will send the 2006 check before April 2006 even if we do not receive a notice from you.

I thank you and if you have any questions, please call me at 305 853 5390.

Aquabotics, Inc.