

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90220 001 ***300.00

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1. Entity Name
AQUATIC ARCHITECHS, INC.



Principal Place of Business

1910 J&C BLVD

~~SUITE 3~~
NAPLES, FL 34109 US

Mailing Address

1910 J&C BLVD

~~SUITE 3~~
NAPLES, FL 34109 US

66004013



01232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3416848

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RYAN, JAMES E

~~5980 22ND AVE NW~~ **5930 HIDDEN OAKS LANE**
NAPLES, FL 34119 **1910 J&C BLVD**
34109

**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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RYAN, JAMES E
STREET ADDRESS	10261 BOCA CIR 1910 J&C BLVD
CITY-ST-ZIP	NAPLES, FL 33942 34109
TITLE	PST
NAME	RYAN, JAMES E
STREET ADDRESS	5980 22ND AVENUE NW 1910 J&C BLVD
CITY-ST-ZIP	NAPLES, FL 34119 34109
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 exemptions contained 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 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

2/24/06

Date

239-594-2240

Daytime Phone #