

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 26, 2005 08:00 AM
Secretary of State**

DOCUMENT # P96000092067

1. Entity Name

AQUATEST SERVICES, INC.



Principal Place of Business

597 CHIPPEWA AVENUE, N.E.
PALM BAY, FL 32907

Mailing Address

597 CHIPPEWA AVENUE, N.E.
PALM BAY, FL 32907



03072005

No Chg-P

CR2E034 (10/03)

4. FEI Number

59-3409886

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JAMES, VIRGINIA S
597 CHIPPEWA AVE N.E.
PALM BAY, FL 32907

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000276954
03/26/05-80010-012 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
JAMES, VIRGINIA S
597 CHIPPEWA AVENUE N.E.
PALM BAY, FL 32907

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JAMES, VIRGINIA S
597 CHIPPEWA AVENUE N.E.
PALM BAY, FL 32907

TITLE
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CITY-ST-ZIP
VST
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597 CHIPPEWA AVE NE
PALM BAY, FL 32907

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Virginia S. James* Virginia S. James 3-23-05 321-728-5789

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #