

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 26, 2006 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



03202006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3409886

Applied For  
Not Applicable

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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

1100000534960  
05/08/06-80034-005 150.00

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VST  
JAMES, VIRGINIA S  
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

**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

Virginia S James

Date

Daytime Phone #

4-2406 321-728-5789