

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000092067

FILED  
Apr 04, 2011  
Secretary of State

Entity Name: AQUATEST SERVICES, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 59-3409886

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PVST  
Name: JAMES, VIRGINIA S  
Address: 597 CHIPPEWA AVENUE N.E.  
City-St-Zip: PALM BAY, FL 32907

Title: D  
Name: JAMES, VIRGINIA S  
Address: 597 CHIPPEWA AVENUE N.E.  
City-St-Zip: PALM BAY, FL 32907

Title: VST  
Name: JAMES, VIRGINIA S  
Address: 597 CHIPPEWA AVE NE  
City-St-Zip: PALM BAY, GL 32907

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: VIRGINIA S. JAMES

PVST

04/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date