

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90023 010 ***150.00

DOCUMENT # P97000047242

1. Entity Name
AQUATIC SPECIALTIES, INC.



Principal Place of Business
**3700 NW 124 AVE
SUITE #137
CORAL SPRINGS, FL 33065 US**

Mailing Address
**3700 NW 124 AVE
SUITE #137
CORAL SPRINGS, FL 33065 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



02062008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0757786

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PILLINGER, RICHARD S
3300 UNIVERSITY DR
STE 901
CORAL SPRINGS, FL 33065**

change of address

Name
Richard S. Pillinger

Street Address (P.O. Box Number is Not Acceptable)
10101 West Sample Road

City
Coral Springs **FL** Zip Code
33065

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PT
LUCAS, STEVEN R
1382 NORTHWEST 100TH AVENUE
CORAL SPRINGS, FL 33071**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP

**VS
LUCAS, DENISE M
1382 NORTHWEST 100TH AVENUE
CORAL SPRINGS, FL 33071**

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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:

Steven R. Lucas V. President

2-14-08

954 255-2999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #