

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000003492

1. Entity Name
AQUA GEAR, INC.



Principal Place of Business

13297 TEMPLE BLVD.
WEST PALM BEACH, FL 33412-2382

Mailing Address

13297 TEMPLE BLVD.
WEST PALM BEACH, FL 33412-2382

FILED

Feb 12, 2004 08:00 AM
Secretary of State



01102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0802848

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BULLOCK, JOANNE
13297 TEMPLE BLVD.
WEST PALM BEACH, FL 33412-2382

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000049053
02/13/04-80008-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BULLOCK, JOANNE
STREET ADDRESS	13297 TEMPLE BLVD.
CITY-ST-ZIP	WEST PALM BEACH, FL 334122382
TITLE	VP
NAME	BULLOCK, MARTIN R
STREET ADDRESS	13297 TEMPLE BLVD.
CITY-ST-ZIP	WEST PALM BEACH, FL 334122382
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 exemption stated in Section 119.07(3)(f), 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:

Joanne Bullock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/04

Date

561-753-4636

Daytime Phone #