

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90056 005 ***150.00

DOCUMENT # P98000079330

1. Entity Name
AQUA ABS, INC.



Principal Place of Business
**6530-1 CAPE HATTERAS WAY NE
ST PETERSBURG, FL 33702**

Mailing Address
**3773 CENTRAL AVENUE
SUITE C010
SAINT PETERSBURG, FL 33713**

50013346



02022005 Chg-P CR2E034 (10/03)

2. Principal Place of Business
346 - 80th AVE NE
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
ST PETERSBURG FL

City & State

4. FEI Number
59-3666478

Applied For
Not Applicable

Zip Country
33702 USA

Zip Country

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

6. Name and Address of Current Registered Agent

**WINEBRENNER, JACK M
3773 CENTRAL AVENUE
SAINT PETERSBURG, FL 33713**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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**

10. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ Delete
NAME **TELLONE, RICHARD**
STREET ADDRESS **346- 80TH AVE NE**
CITY-ST-ZIP **ST PETERSBURG, FL 33702**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

Richard Tellone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD TELLONE

2/2/05

Date

727/327-1202

Daytime Phone #