

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P99000028882

1. Entity Name  
AQUASEAL SYSTEMS, INC.



Principal Place of Business  
12230 FOREST HILL BLVD.  
SUITE 110J  
WELLINGTON, FL 33414

Mailing Address  
12230 FOREST HILL BLVD.  
SUITE 110J  
WELLINGTON, FL 33414

FILED

06 APR 28 PM 12:47

SECRET  
TALLAHASSEE, FLORIDA



04272006 No Chg-P CR2E034 (11/05)

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4. FEI Number  
65-0908969

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

HELLMAN, MAYNARD J  
150 S. PINE ISLAND ROAD  
SUITE 500  
PLANTATION, FL 33324

**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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	THOMPSON, SCOTT
STREET ADDRESS	12230 FOREST HILL BLVD., SUITE 110J
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

700074509207  
05/12/06--01012--013 \*\*900.00

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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

4/26/06

Date Daytime Phone #