## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 15, 2004 08:00 AM Secretary of State DOCUMENT # P99000046607 AQUARIAN PLUMBING, INC. Mailing Address Principal Place of Business 37010 S. FISH CAMP ROAD 37010 S. FISH CAMP ROAD GRAND ISLAND, FL 32735 GRAND ISLAND, FL 32735 CR2E034 (10/03) 03082004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 59-3586458 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE BASS, JAMES D 37010 S. FISH CAMP ROAD GRAND ISLAND, FL 32735 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. DATE Signature, typed or printed name of registered agent and title it applicable (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE U00000087683 03/15/04-80021-002 150.00 BASS, JAMES D NAME STREET ADDRESS 37010 S. FISH CAMP ROAD CITY-ST-ZIP GRAND ISLAND, FL 32735 BASS, AMANDA M NAME 37010 S. FISH CAMP ROAD STREET ADDRESS GRAND ISLAND, FL 32735 CITY-ST-ZIP TITLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

JAMES D. 3

JAMES D. RASS, PROSPENT 3-11-20

352-589-6088

Daytime Priche #

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