

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90003 011 \*\*\*150.00

**DOCUMENT # P99000053941**

1. Entity Name

AQUATIC RELEASE CONSERVATION, INC.



Principal Place of Business

121 OGDEN BOULEVARD  
DAYTONA BEACH FL 32118

Mailing Address

P.O. BOX 730248  
ORMOND BEACH FL 32174

J4U17161



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3677572

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

DICK, LYNDON S  
121 OGDEN BOULEVARD  
DAYTONA BEACH FL 32118

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, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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 PD ☐ Delete  
NAME DICK, LYNDON S  
STREET ADDRESS 121 OGDEN BOULEVARD  
CITY-ST-ZIP DAYTONA BEACH FL 32118

TITLE Director ☐ Change ☒ Addition  
NAME John Baptist Baia Monte  
STREET ADDRESS 1211 Lost Creek Ct.  
CITY-ST-ZIP Osprey, FLA 34209

TITLE VPD ☐ Delete  
NAME DICK, JESS H  
STREET ADDRESS 121 OGDEN BOULEVARD  
CITY-ST-ZIP DAYTONA BEACH FL 32118

TITLE Director ☐ Change ☒ Addition  
NAME Edward William Raabe Jr.  
STREET ADDRESS 608 N. Tymber Creek Rd.  
CITY-ST-ZIP Ormond Beach, FL 32174

TITLE STD ☐ Delete  
NAME RAABE, KRISTIN E  
STREET ADDRESS 608 NORTH TYMBER CREEK ROAD  
CITY-ST-ZIP ORMOND BEACH FL 32174

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

TITLE D ☐ Delete  
NAME HILL, DAVID H  
STREET ADDRESS 3929 S PENINSULA DR  
CITY-ST-ZIP WILBUR BY THE SEA FL 32127

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/04 877-411-4272

Date Daytime Phone #