## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000053941

Entity Name: AQUATIC RELEASE CONSERVATION, INC.

FILED Apr 28, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1870 MASON AVE 1640 MASON AVE

DAYTONA BEACH, FL 32117 DAYTONA BEACH, FL 32117

Current Mailing Address: New Mailing Address:

P.O. BOX 730248 P.O. BOX 11109

ORMOND BEACH, FL 321730248 US DAYTONA BEACH, FL 32120 US

FEI Number: 59-3677572 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DICK, LYNDON S 121 OGDEN BOULEVARD DAYTONA BEACH, FL 32118 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name:DICK, LYNDON SName:DICK, LYNDON SAddress:121 OGDEN BOULEVARDAddress:PO BOX 730248

City-St-Zip: DAYTONA BEACH, FL 32118 City-St-Zip: ORMOND BEACH, FL 321730248

Title: VPD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 DICK, JESS H
 Name:

 Address:
 121 OGDEN BOULEVARD
 Address:

 City-St-Zip:
 DAYTONA BEACH, FL 32118
 City-St-Zip:

Title: STD ( ) Delete Title: STD (X) Change ( ) Addition

 Name:
 RAABE, KRISTIN E
 Name:
 RAABE, KRISTIN E

 Address:
 608 NORTH TYMBER CREEK ROAD
 Address:
 PO BOX 730248

City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: ORMOND BEACH, FL 321730248

Title: D () Delete Title: D (X) Change () Addition

Name: HILL, DAVID H Name: LOEBEL, TOMAS E

Address: 3929 S PENINSULA DR Address: 864 JOHN ANDERSON DR City-St-Zip: WILBUR BY THE SEA, FL 32127 City-St-Zip: ORMOND BEACH, FL 32176

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOMAS LOEBEL COO 04/28/2008