

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000053941

FILED
May 01, 2009
Secretary of State

Entity Name: AQUATIC RELEASE CONSERVATION, INC.

Current Principal Place of Business:

1640 MASON AVE
DAYTONA BEACH, FL 32117

New Principal Place of Business:

1640 MASON AVE
UNIT 180
DAYTONA BEACH, FL 32117

Current Mailing Address:

P.O. BOX 11109
DAYTONA BEACH, FL 32120 US

New Mailing Address:

P.O. BOX 730248
ORMOND BEACH, FL 32173 US

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DICK, LYNDON S
Address: PO BOX 730248
City-St-Zip: ORMOND BEACH, FL 321730248

Title: VPD () Delete
Name: DICK, JESS H
Address: 121 OGDEN BOULEVARD
City-St-Zip: DAYTONA BEACH, FL 32118

Title: STD () Delete
Name: RAABE, KRISTIN E
Address: PO BOX 730248
City-St-Zip: ORMOND BEACH, FL 321730248

Title: D () Delete
Name: LOEBEL, TOMAS E
Address: 864 JOHN ANDERSON DR
City-St-Zip: ORMOND BEACH, FL 32176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: RAABE, KRISTIN E
Address: PO BOX 730248
City-St-Zip: ORMOND BEACH, FL 321730248

Title: TD (X) Change () Addition
Name: SPENCER, JENNIFER
Address: PO BOX 730248
City-St-Zip: ORMOND BEACH, FL 321730248

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: JENNIFER SPENCER

TD

05/01/2009

Electronic Signature of Signing Officer or Director

Date