


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000100857</b> 1. Entity Name FLORIDA AQUATIC COMEDY PRODUCTIONS, INC.		
Principal Place of Business 5245 N.E. 24TH STREET OCALA, FL 34470	Mailing Address 2443 N.E. 7TH STREET UNIT 4 OCALA, FL 34470	



01082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 52-2414965	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  BRUMBAUGH, RICHARD J 2443 N.E. 7TH STREET UNIT 4 OCALA, FL 34470
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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 if applicable. (NOTE: Registered Agent signature required when renewing)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	000000536274 01/23/07-80073-001 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRUMBAUGH, RICHARD J 5245 N.E. 24TH STREET OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOZERT, R. BRUCE 5245 N.E. 24TH STREET OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST YORLANO, EVELYN 5245 N.E. 24TH STREET OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** *R. J. Brumbaugh* **1-18-07 (740) 588-1485**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**RICHARD J. BRUMBAUGH, PRESIDENT**