

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90397 038 ***150.00

DOCUMENT # V28908

1. Entity Name
J. C. T. AQUATIC CENTER, INC.



Principal Place of Business
600 EATON ROAD
EDGEWATER, FL 32132

Mailing Address
600 EATON ROAD
EDGEWATER, FL 32132

50038912



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04082005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-3130061

Applied For
Not Applicable

Zip

Country

Zip

Country

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

SPENCE, HAL
221 N CAUSEWAY
NEW SMYRNA BEACH, FL 32169

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, 2005 Fee will be \$550.00

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 STEARNS, JOHN
STREET ADDRESS 600 EATON RD.
CITY-ST-ZIP EDGEWATER, FL 32132

TITLE PD, SS ☒ Change ☐ Addition
NAME HIERS, GINNI
STREET ADDRESS 600 EATON ROAD
CITY-ST-ZIP EDGEWATER, FL 32132

TITLE VPD ☒ Delete
NAME TROIAN, TIMOTHY JAMES
STREET ADDRESS 600 EATON RD
CITY-ST-ZIP EDGEWATER, FL 32132

TITLE VPD, T ☒ Change ☐ Addition
NAME HIERS, SEAN
STREET ADDRESS 600 EATON ROAD
CITY-ST-ZIP EDGEWATER, FL 32132

TITLE SST ☒ Delete
NAME HIERS, GINNI
STREET ADDRESS 600 EATON RD
CITY-ST-ZIP EDGEWATER, FL 32141

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

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: *X Chris Hiers*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-05
Date

386-428-5074
Daytime Phone #