2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V44316

Name:

Address:

City-St-Zip:

CAHILL, MATTHEW

4630 N. UNIVERSITY DR. #308

CORAL SPRINGS, FL 33067

Entity Name: AQUA-FLO SERVICES, INC.

FILED Feb 25, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Principage	
	•		New Principal Place o	New Principal Place of Business:	
4630 N. UI PMB 308	NIVERSITY DE	₹.			
	PRINGS, FL 3	3067			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
PMB 308	NIVERSITY DE				
	PRINGS, FL 3				
FEI Number:	: 65-0341801	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
5446 NW \	ATHLEEN A. WHITECAP RI LUCIE, FL 34:				
	named entity e e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PS (KATHLEEN CA 5446 NW WHIT PORT ST LUCI	FECAP RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (THOMAS CAHI 5664 NW WHIT PORT ST LUCI	FECAP RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	Т () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: KATHLEEN CAHILL PRES 02/25/2008