

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# V44316

Entity Name: AQUA-FLO SERVICES, INC.

FILED
Feb 25, 2009
Secretary of State

Current Principal Place of Business:

4630 N. UNIVERSITY DR.
PMB 308
CORAL SPRINGS, FL 33067

Current Mailing Address:

4630 N. UNIVERSITY DR.
PMB 308
CORAL SPRINGS, FL 33067

New Principal Place of Business:

8202 WILES ROAD
#163
CORAL SPRINGS, FL 33067

New Mailing Address:

8202 WILES ROAD
#163
CORAL SPRINGS, FL 33067

FEI Number: 65-0341801

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAHILL, KATHLEEN A.
5446 NW WHITECAP RD
PORT ST LUCIE, FL 34986 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

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: KATHLEEN CAHILL,
Address: 5446 NW WHITECAP RD
City-St-Zip: PORT ST LUCIE, FL 34986

Title: VP () Delete
Name: THOMAS CAHILL,
Address: 5664 NW WHITECAP RD
City-St-Zip: PORT ST LUCIE, FL 34986

Title: T () Delete
Name: CAHILL, MATTHEW
Address: 4630 N. UNIVERSITY DR. #308
City-St-Zip: CORAL SPRINGS, FL 33067

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KATHLEEN CAHILL,
Address: 5446 NW WHITECAP RD
City-St-Zip: PORT ST LUCIE, FL 34986

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

Title: T (X) Change () Addition
Name: CAHILL, MATTHEW
Address: 9148 NW 40 ST
City-St-Zip: CORAL SPRINGS, FL 33065

Title: S () Change (X) Addition
Name: MCDONALD, CAROLYN A
Address: 7451 NW 21 STREET
City-St-Zip: MARGATE, FL 33063

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: KATHLEEN CAHILL

P

02/25/2009

Electronic Signature of Signing Officer or Director

Date