

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90044 047 ***150.00

DOCUMENT # J51292
 1. Entity Name
AQUA INVESTMENT COMPANY OF PALM COAST



Principal Place of Business Mailing Address
13 UTILITY DRIVE **13 UTILITY DRIVE**
PALM COAST, FL 32137 **PALM COAST, FL 32137**

40067778



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01162008 Chg-P CR2E034 (12/06)

City & State City & State

4. FEI Number Applied For
59-2857411 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional
 -- Fee Required

6. Name and Address of Current Registered Agent
AMARAL, ANTONIO
13 UTILITY DRIVE
PALM COAST, FL 32137

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	AMARAL, ANTONIO	
STREET ADDRESS	9 COTTONWOOD CT	
CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE	VT	<input type="checkbox"/> Delete
NAME	AMARAL, MARIA	
STREET ADDRESS	9 COTTONWOOD CT	
CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE	S	<input type="checkbox"/> Delete
NAME	AMARAL, DAVID	
STREET ADDRESS	9 COTTONWOOD CT	
CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Antonio M. Amaral* Date: 4/11/08 Daytime Phone #: 386-445-9393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR