

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 581230

**Entity Name:** AQUATIC HABITATS, INC.

**Current Principal Place of Business:**

2395 APOPKA BLVD.  
APOPKA, FL 32703

**Current Mailing Address:**

2395 APOPKA BLVD.  
APOPKA, FL 32703 US

**FEI Number:** 59-1907012

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEMS  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Officer/Director Detail :**

Title P  
Name FRYKMAN, KARL R  
Address 1620 HAWKINS AVENUE  
City-State-Zip: SANFORD NC 27330

Title DS  
Name LAGESON, ANGELA D  
Address 1620 HAWKINS AVENUE  
City-State-Zip: SANFORD NC 27330

Title T  
Name MEYER, MICHAEL G  
Address 1620 HAWKINS AVENUE  
City-State-Zip: SANFORD NC 27330

Title VP  
Name MILLER, ROBERT D  
Address 1620 HAWKINS AVENUE  
City-State-Zip: SANFORD NC 27330

Title D  
Name SCHROCK, MICHAEL V  
Address 1620 HAWKINS AVENUE  
City-State-Zip: SANFORD NC 27330

*I hereby 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 all other like empowered.*

**SIGNATURE:** ROBERT D. MILLER

**VICE PRESIDENT**

**01/08/2013**

Electronic Signature of Signing Officer/Director Detail

Date