


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000016967**  
1. Entity Name  
**REHMS' WATER SERVICE, INC.**



Principal Place of Business      Mailing Address  
22690 N. RIVER RD.      22690 N. RIVER RD.  
ALVA, FL 33920      ALVA, FL 33920



01122004    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**65-0813436**      Not Applicable

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

6. Name and Address of Current Registered Agent  
  
**DEROUEN, SHELLY A**  
**1953 COLONIAL BLVD.**  
**FT. MYERS, FL 33907**

**DO NOT WRITE IN THIS SPACE**

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 \$100.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD REHM, KENNETH J 22690 N. RIVER RD. ALVA, FL 33920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD REHM, BARBARA M 22690 N. RIVER RD. ALVA, FL 33920
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01/20/04-80050-016 158.75

**DO NOT WRITE IN THIS SPACE**

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 807, 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:** Barbara M Rehm, Vice President      1/12/04      239 728 3493  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #