

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000107505

FILED
Apr 13, 2007
Secretary of State

Entity Name: HOLTZ WATER SERVICES, INC.

Current Principal Place of Business:

6223 POPLAR GROVE DR
PORT ORANGE, FL 32127

New Principal Place of Business:

Current Mailing Address:

6223 POPLAR GROVE DR
PORT ORANGE, FL 32127

New Mailing Address:

FEI Number: 59-3548492 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLTZ, KEVIN R MR
6223 POPLAR GROVE DRI
PORT ORANGE, FL 32127 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: HOLTZ, LOU
Address: 9209 CROMWELL PARK PLACE
City-St-Zip: ORLANDO, FL 32827

Title: V/D () Delete
Name: HOLTZ, KEVIN
Address: 6223 POPLAR GROVE DR
City-St-Zip: PORT ORANGE, FL 32127

Title: C/D () Delete
Name: HOLTZ, BETH
Address: 9209 CROMWELL PARK PLACE
City-St-Zip: ORLANDO, FL 32827

Title: S () Delete
Name: MESSAGLIA, MICHAEL
Address: 9453 NORTH STATE RD 267
City-St-Zip: BROWNSBURG, IN 46112

Title: D () Delete
Name: ALTENBAUMER, LUANNE
Address: 22615 JADEBROOK COURT
City-St-Zip: KATY, TX 77494

Title: T () Delete
Name: HOLTZ, KELLY M
Address: 6223 POPLAR GROVE DRIVE
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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City-St-Zip:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: KELLY HOLTZ

_____ Electronic Signature of Signing Officer or Director

T

04/13/2007

_____ Date