

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000107505

FILED  
Apr 27, 2009  
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:

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

Title: ( ) Change ( ) Addition  
Name:  
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 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: KEVIN HOLTZ

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

V/D

04/27/2009

\_\_\_\_\_ Date