2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # K83405

1. Entity Name

AAA WATER SYSTEMS OF PALM BEACH COUNTY, INC.



FILED Jan 12, 2004 08:00 AM **Secretary of State**

Principal Place of Business

Mailing Address

12970 59 STREET NORTH WEST PALM BEACH, FL 33411 US 12970 59 STREET NORTH WEST PALM BEACH, FL 33411



DO	NOT	WRITE	IN THIS	SPACE
		** ** ** ** ***		

6. Name and Address of Current Registered Agent

changed, or on an attachment with an address, with all other like empowered.

5. TANKEY A. BANASH

01052004	No Chg-P	CR2E034 (10/03)			
4. FEI Numbe	7		Applied For		
65-0115	5523		Not Applicab		

5. Certificate of Status Desired

Not Applicable \$8.75 Additional

561-795-2668

Fee Required

BANASH, STANLEY A 12970 59TH ST. N. WEST PALM BEACH, FL 33411

DO NOT WRITE IN THIS SPACE

					J*			
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.								
SIGNATURESignature, typed or printed name of registered agent and like if applicable. (NOTE, Registered Agent signature required when reinstating) DATE								
FILE NOWILL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			cing \Box	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS				.,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS BANASH, VIRGINIA M. 12970 59 STREET NORTH WEST PALM BEACH, FL 33411				: HONDOOO	7 09		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT BANASH, STANLEY A. 12970 59 STREET NORTH WEST PALM BEACH, FL 33411				0000000037 01/13/04-8006	:8-882 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRIT	Έ		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPAC	E		
FIFLE NAME STREET ADDRESS GITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP			·					
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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if								

INTED NAME OF SIGNING OFFICER OR DIRECTOR