


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000094345 1. Entity Name A PLUS WATER SOLUTIONS, INC.	
---	---


FILED

04 JUL 12 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 19981 US HWY EAST BOSTON, GA 31626 US	Mailing Address 19981 US HWY EAST BOSTON, GA 31626 US
---	---

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



07122004	Chg-P	CR2E034 (10/03)
4. FEI Number 59-3410884	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent EASTON, PAUL A 6526 HIDDEN LAKES DR. TALLAHASSEE, FL 32311	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--	--

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 _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
In accordance with s. 607:193(2)(b), F.S., the corporation did not receive the prior notice.		

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EASTON, PAUL A.			NAME			
STREET ADDRESS	6525 HIDDEN LAKE DR.			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32311			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EASTON, WILMA			NAME			
STREET ADDRESS	844 RT 322E			STREET ADDRESS			
CITY-ST-ZIP	ORWELL, OH 440769366			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	07/12/04--01001--019	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME	**158.75		
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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)(j), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paul A. Easton _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #