


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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**FILED**  
**Mar 29, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90089 038 \*\*\*150.00

<b>DOCUMENT # P96000094345</b>	
1. Entity Name <b>A PLUS WATER SOLUTIONS, INC.</b>	

Principal Place of Business <b>19981 US HWY EAST BOSTON, GA 31626 US</b>	Mailing Address <b>19981 US HWY EAST BOSTON, GA 31626 US</b>
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**DO NOT WRITE IN THIS SPACE**

01172005 No Chg.P. CR2E034 (10/03)

4. FEI Number <b>59-3410884</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**EASTON, PAUL A  
6526 HIDDEN LAKES DR.  
TALLAHASSEE, FL 32311**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rechartering)


**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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	PD EASTON, PAUL A 6526 HIDDEN LAKE DR. TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EASTON, WILMA 844 RT 322E ORWELL, OH 440769368
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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)(f), 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:  **2-25-05 229-498**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **2042**