


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000072061**

1. Entity Name  
**H2O MANAGEMENT, INC.**



Principal Place of Business      Mailing Address

**3731 COUNTY RD. 220**      **3731 COUNTY RD. 220**  
**MIDDLEBURG FL 32068**      **MIDDLEBURG FL 32068**

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



1st MOORE      CR2E034 (10/05)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>REEMELIN, JAMES B</b> <b>3731 COUNTY RD. 220</b> <b>MIDDLEBURG FL 32068</b>		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 *James B Reemelin* **James B Reemelin Pres 1/31/06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      **\$5.00** May C  
Trust Fund Contribution. ☐      **Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	REEMELIN, JAMES B	NAME	UN00000414982
STREET ADDRESS	3731 COUNTY RD. 220	STREET ADDRESS	02/11/06-80057-021 158.75
CITY-ST-ZIP	MIDDLEBURG FL 32068	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	ROTCHFORD, GEORGE	NAME	
STREET ADDRESS	221 E. CHURCH ST.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	WELDON, DAN W	NAME	
STREET ADDRESS	7854 KNOLL DR. S.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	RUSSELL, SAMUEL S	NAME	
STREET ADDRESS	3201 TRISHAS CT.	STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32048	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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"/> Add
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 exemptions contained in Section 119, 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: *James B Reemelin* **James B Reemelin 904-591-0470**  
**Pres 1/31/06**