


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

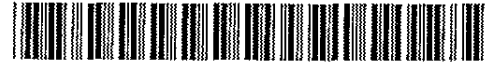
**FILED
Jul 11, 2007 08:00 AM
Secretary of State**

DOCUMENT # P04000017649
1. Entity Name
AILSTOCK WATER AND WASTE WATER SERVICE, INC.



Principal Place of Business Mailing Address
5895 TIMBER VALLEY DR 5895 TIMBER VALLEY DR
LAKE WORTH, FL 33463 LAKE WORTH, FL 33463

DO NOT WRITE IN THIS SPACE



07032007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
20-0671581 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
AILSTOCK, ROBERT D
5895 TIMBER VALLEY DR
LAKE WORTH, FL 33463

**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 reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. \$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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD AILSTOCK, ROBERT D 5895 TIMBER VALLEY DR LAKE WORTH, FL 33463
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07/11/07-80006-021 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  7/6/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #