


**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 20-0671581	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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)      DATE

**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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000000768221  
07/11/07-80006-021 150.00

**DO NOT WRITE  
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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 #