


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2005 08:00 AM
Secretary of State

DOCUMENT # 134537 1. Entity Name UNITED WATER FLORIDA, INC.	
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Principal Place of Business 200 OLD HOOK ROAD HARRINGTON PARK, NJ 07640 US	Mailing Address 200 OLD HOOK ROAD HARRINGTON PARK, NJ 07640 US
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DO NOT WRITE IN THIS SPACE

02032005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1053258	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> P	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSYTEM, INC
1201 HAYS STREET, STE 105
TALLAHASSEE, FL 32301

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 re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D IACULLO, ROBERT 200 OLD HOOK ROAD HARRINGTON PARK, NJ 07640
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GERBER, ROBERT A 200 OLD HOOK ROAD HARRINGTON PARK, NJ 07640
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T IMPARTO, EDWARD J 200 OLD HOOK ROAD HARRINGTON PARK, NJ 07640
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HJELM, CARLA E 200 OLD HOOK ROAD HARRINGTON PARK, NJ 07640
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS 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)(i), 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: Carla E. Hjelm Carla E. Hjelm, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #