2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005
Secretary of State

DOCUMENT# 382022

Entity Name: WATER CONDITIONERS OF POLK COUNTY, FLORIDA, INC.

Current Principal Place of Business:

BLDG.-264 AVE C.
BARTOW AIRBASE
BARTOW, FL 33830 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 160
PO BOX 160
EAGLE LAKE, FL 33839 US

New Mailing Address:

FEI Number: 59-1349574 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DIEROLF, GERALD E.
BLDG 264 AVE C, BARTOW AIRBASE
BARTOW, FL 33830 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PCD ( ) Delete
Name: DIEROLF, GERALD E.,
Address: 1318 HIDDEN CREEK CT.
City-St-Zip: WINTER HAVEN, FL

Title: SD ( ) Delete
Name: DIEROLF, PAMELA R.,
Address: 1318 HIDDEN CREEK CT.
City-St-Zip: WINTER HAVEN, FL

Title: VD ( ) Delete
Name: DIEROLF, MATTHEW J
Address: 2352 ISLE ROYALE COURT
City-St-Zip: WINTER HAVEN, FL 33880

Title: TD ( ) Delete
Name: DIEROLF, JASON E
Address: 139 BELMONT DR.
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD (X) Change ( ) Addition
Name: DIEROLF, GERALD E.,
Address: 1813 SANDHILL LANE
City-St-Zip: WINTER HAVEN, FL 33884

Title: SD (X) Change ( ) Addition
Name: DIEROLF, PAMELA R.,
Address: 1813 SANDHILL LANE
City-St-Zip: WINTER HAVEN, FL 33884

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERALD E. DIEROLF PCD 04/04/2005

Electronic Signature of Signing Officer or Director — Date