


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # 410801 1. Entity Name AUTOMATIC WATER CONDITIONING INC	
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Principal Place of Business 5720 U.S. 1 VERO BEACH, FL 32967	Mailing Address 5720 U.S. 1 VERO BEACH, FL 32967
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02082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1424943	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ULRICH, DANIEL E. 5720 US 1 VERO BEACH, FL 32967
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**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ 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	PTD ULRICH, DANIEL E. 5720 US 1 VERO BEACH, FL 32967
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ULRICH, CAROL A. 5720 US 1 VERO BEACH, FL 32967
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOOVER JR, CHARLES F 116-16TH AVE VERO BEACH, FL 32962
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ULRICH, JEFFREY R 2045-5TH STREET VERO BEACH, FL 32962
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/05/05-80050-008 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Melissa Cole 4/28/05 (772) 562-1631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #