

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90279 017 ***150.00

DOCUMENT # 410801

1. Entity Name
AUTOMATIC WATER CONDITIONING INC



Principal Place of Business
**5720 U.S. 1
VERO BEACH, FL 32967**

Mailing Address
**5720 U.S. 1
VERO BEACH, FL 32967**

40086960



04282006 Chg-P CR2E034 (11/05)

4. FEI Number
59-1424943 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ULRICH, DANIEL E.
5720 US 1
VERO BEACH, FL 32967**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	ULRICH, DANIEL E.	
STREET ADDRESS	5720 US 1	
CITY-ST-ZIP	VERO BEACH, FL 32967	
TITLE	S	<input type="checkbox"/> Delete
NAME	ULRICH, CAROL A.	
STREET ADDRESS	5720 US 1	
CITY-ST-ZIP	VERO BEACH, FL 32967	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HOOVER JR, CHARLES F	
STREET ADDRESS	116-16TH AVE	
CITY-ST-ZIP	VERO BEACH, FL 32962	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ULRICH, JEFFREY R	
STREET ADDRESS	2045-5TH STREET	
CITY-ST-ZIP	VERO BEACH, FL 32962	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Asst to the General Manager	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ulrich, Linda S.	
STREET ADDRESS	2045 Fifth St.	
CITY-ST-ZIP	VERO BEACH, FL 32962	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Jeff Ulrich*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/06 **772.562-1631**
Date Daytime Phone #