

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000002216

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Entity Name:** LAPURE WATER PRODUCTS, INC.

**Current Principal Place of Business:**

6330 46TH ST. N, UNIT 112  
PINELLAS PARK, FL 33781

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 8773  
MADERIA BEACH, FL 33738

**New Mailing Address:**

**FEI Number:** 59-0311988

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PAPOLOS, ROBERT  
6330 46TH ST. N, UNIT 112  
PINELLAS PARK, FL 33781 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

**OFFICERS AND DIRECTORS:**

Title: CP  
Name: PAPOLOS, ROBERT  
Address: 6330 46TH ST. N, UNIT 112  
City-St-Zip: PINELLAS PARK, FL 33781

Title: DS  
Name: PAPOLOS, LINDA  
Address: 6330 46TH ST. N, UNIT 112  
City-St-Zip: PINELLAS PARK, FL 33781

I hereby 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 all other like empowered.

SIGNATURE: ROBERT PAPOLOS

CP

02/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date