2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000005195

1. *Entity Name*
NATIONAL WATERWORKS, INC.

Principal Place of Business	Mailing Address
AMERICAN PLAZA 200 WEST HIGHWAY 6, SUITE 620 WACO, TX 76712	AMERICAN PLAZA 200 WEST HIGHWAY 6, SUITE 620 WACO, TX 76712

DO NOT WRITE IN THIS SPACE

04072004 No Chg-P CR2E034 (10/03)

4. FEI Number
05-0532711
☐ Applied For
☐ *Not Applicable*

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HORNISH, HARRY K
STREET ADDRESS	200 W. HWY 6, STE 620
CITY-ST-ZIP	WOODWAY, TX 76712
TITLE	TS
NAME	SLAUGHTER, MECEHLLE
STREET ADDRESS	200 W. HWY 6, STE 620
CITY-ST-ZIP	WOODWAY, TX 76712
TITLE	TD
NAME	HOWELL, TERRY
STREET ADDRESS	1820 METCALF AVE
CITY-ST-ZIP	THOMASVILLE, GA 31792
TITLE	T
NAME	BRUENNING, KURT
STREET ADDRESS	1805 BORMAN CIR DR
CITY-ST-ZIP	SAINT LOUIS, MO 63146
TITLE	VP
NAME	WALKER, J L
STREET ADDRESS	200 W. HWY 6, STE 620
CITY-ST-ZIP	WOODWAY, TX 76712
TITLE	VP
NAME	KEIPP, PHIL
STREET ADDRESS	1805 BORMAN CIR DR
CITY-ST-ZIP	SAINT LOUIS, MO 63146

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)(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: _____ CFO/Secretary (254) 772-5355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #