


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**


04-12-2005 90155 050 \*\*\*150.00

<b>DOCUMENT # F02000005195</b>	
1. Entity Name <b>NATIONAL WATERWORKS, INC.</b>	

Principal Place of Business <b>AMERICAN PLAZA 200 WEST HIGHWAY 6, SUITE 620 WACO, TX 76712</b>	Mailing Address <b>AMERICAN PLAZA 200 WEST HIGHWAY 6, SUITE 620 WACO, TX 76712</b>
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**20030051**

2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>1805 Borman Circle St.</b>  Suite, Apt. #, etc.	
City & State		City & State <b>St. Louis, MO</b>	
Zip	Country	Zip <b>63146</b>	Country <b>USA</b>

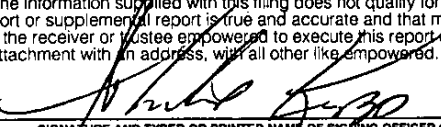
	
01282005	Chg-P CR2E034 (10/03)
4. FEI Number <b>05-0532711</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>	
7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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	DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HORNISH, HARRY K 200 W. HWY 6, STE 620 WOODWAY, TX 76712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS SLAUGHTER, MECEHLE 200 W. HWY 6, STE 620 WOODWAY, TX 76712 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOWELL, TERRY 1820 METCALF AVE THOMASVILLE, GA 31792 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRUENNING, KURT 1805 BORMAN CIR DR SAINT LOUIS, MO 63146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WALKER, J L 200 W. HWY 6, STE 620 WOODWAY, TX 76712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KEIPP, PHIL 1805 BORMAN CIR DR SAINT LOUIS, MO 63146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Date <b>4-8-05</b> Daytime Phone #