2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 03, 2006 8:00 am

DOCUMENT # F02000005195 1. Entity Name NATIONAL WATERWORKS, INC.					Secretary of State 03-03-2006 90101 015 ***150.00			
Principal Place of Business 2455 PACES FERRY RD. ATLANTA, GA 30339 SAINT LOUIS, MO 63146 SCA ERSCETA SAINT LOUIS DOTTEN AT A TOTAL CONTROL OF THE CONTROL OF T				66 i	,67			
2. Principal Place of Business 3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			02232006	Chg-P	CR2E034 (11/05)	
City & State		City & State			4. FEI Number 05-05327	711		oplied For
Zip	Country	Zip	Country		5. Certificate of	Status Desired	S8.75 Add	
	6. Name and Address of Current F	Registered Agent			7. Name and A	ddress of New Re	gistered Agent	
, <u>, , , , , , , , , , , , , , , , , , </u>				ame .				
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324-2525				Street Address (P.O. Box Number is Not Acceptable)				
			City				FL Zip Coo	le
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 registored agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). OATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees								
10.	OFFICERS AND I	DIRECTORS	T 11.		ADDITIONS/CI	HANGES TO OFFI	CERS AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HORNISH, HARRY K 200 W. HWY 6, STE 620 WOODWAY, TX 76712	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	i	ABSTITIONS	144023 10 01110	Change -	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOWELL, TERRY 1820 METCALF AVE THOMASVILLE, GA 31792	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		ydout		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRUENNING, KURT 1805 BORMAN CIR DR SAINT LOUIS, MO 63146	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAR CAR A+1	ISURER OI B. Tome S PAUS FER WHA. GI		☐ Change	Addition .
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TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		• .	•	- Change	
CITY-ST-ZIP			CITY-ST-ZIP	" '				
12. I'hereby certify that the information upplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or supplemental eport 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 coronization or the receiver or true legal movement 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

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