2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # F74202

1. Entity Name

POPE'S WATER SYSTEMS, INC.



FILED
Jan 31, 2006 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

17610 US HIGHWAY 41 NORTH LUTZ, FL 33549 17610 US HIGHWAY 41 NORTH LUTZ, FL 33549



01122006

No Chg-P

CR2E034 (11/05)

١.	FEI Number	
	59-2181555	

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POPE, PAUL E., JR. 1411 POPE PLACE LUTZ, FL 33549

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	named entity submits this statement for the pions of registered agent.	urpose of changing its registered	d office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title	fapplicable (NOTE Registered	Agent signature	required when reinstating)	— - DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		 Election Campaign Finance Trust Fund Contribution. 	cing	\$5.00 May Be Added to Fees	_	
10.	OFFICERS AND DIREC	TORS		•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POPE, PAUL E JR 1411 POPE PLACE LUTZ, FL 33549				_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V POPE, PAUL SR 1409 POPE PLACE LUTZ, FL 33549			U00000408290 02/03/06-90051-019 150.00 ^a DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POPE, LOUISE M 1409 POPE PLACE LUTZ, FL 33549					
TITLE NAME STREET ADDRESS CITY-SI-ZIP	T POPE, PAUL E JR 1411 POPE PLACE LUTZ, FL 33549		IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY - ST - ZIP						
TITLE 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.						

ME OF SIGNING OFFICER OR DIRECTOR