

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 29, 2008 8:00 am
Secretary of State

07-29-2008 90010 038 ***150.00

DOCUMENT # F90405

1. Entity Name
COURTESY WATER CONDITIONING, INC.



Principal Place of Business
4611 SO UNIVERSITY DR
STE 307
FORT LAUDERDALE, FL 33328

Mailing Address
4611 SO UNIVERSITY DR
STE 307
FORT LAUDERDALE, FL 33328

4



07112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2292479

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BEDNAR, JUDITH K
8715 SW 52 ST
FORT LAUDERDALE, FL 33328

**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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BEDNAR, JUDITH
STREET ADDRESS 8715SW 52 ST
CITY-ST-ZIP FORT LAUDERDALE, FL 33328

TITLE SD
NAME BEDNAR, THOMAS F
STREET ADDRESS 8715 SW 52 ST
CITY-ST-ZIP FORT LAUDERDALE, FL 33328

TITLE T
NAME BEDNAR, SCOTT
STREET ADDRESS 8715 SW 52 ST
CITY-ST-ZIP COOPER CITY, FL. 33328

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/25/08 (954) 434-8222