

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90250 001 \*\*\*150.00

**DOCUMENT # F95000006048**

1. Entity Name  
CAPITAL WATER SOFTENERS OF FLORIDA, INC.



Principal Place of Business  
2106 SW HAYWORTH  
PORT ST LUCIE, FL 34953 US

Mailing Address  
2106 SW HAYWORTH  
PORT ST LUCIE, FL 34953 US

14066000



04262004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0599211

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

COMERFORD, SEAN M  
1681 SW DIAMOND STREET  
PORT SAINT LUCIE, FL 34953

*Wayne Anderson*  
*5582 Bernudo Dunns Cir*  
*Lake Worth FL 33463*

**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 *Sean no longer works here!*  
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 P  
NAME ANDERSON, GAIL  
STREET ADDRESS 5582 BERMUDO DUNNS CIR  
CITY-ST-ZIP LAKE WORTH, FL 33463

TITLE VP  
NAME ANDERSON, WAYNE  
STREET ADDRESS 5582 BERNUDO DUNNS CIR  
CITY-ST-ZIP LAKE WORTH, FL 33463

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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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 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/30/04* Date *561 2652380* Daytime Phone #