2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2005 8:00 am
Secretary of State

07-11-2005 90125 049 ***150.00
08-16-2005 90038 050 ***400.00

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

Stuart, FL 34441

50061751

07072005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
ANDERSON, WAYNE 5582 BERMUDO DUNNS CIR Bermuda Dunes Circle LAKE WORTH, FL 33463	Name: Jani E. Maurer Street Address (P.O. Box Number is Not Acceptable): 500 N.E. Spanish River Blvd Suite 27 City: Boca Raton FL Zip Code: 33431

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: Jani E Maurer 7/7/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!! FEE IS $550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	P/T/D ☐ Change ☐ Addition
NAME	ANDERSON, GAIL	NAME	Anderson Gail
STREET ADDRESS	5582 BERMUDO DUNNS CIR Bermuda Dunes Cir	STREET ADDRESS	5582 Bermuda Dunes Circle
CITY-ST-ZIP	LAKE WORTH, FL 33463	CITY-ST-ZIP	Lake Worth FL 33463
TITLE	VP ☐ Delete	TITLE	VP/S/D ☐ Change ☐ Addition
NAME	ANDERSON, WAYNE	NAME	Anderson Dennis W. JR
STREET ADDRESS	5582 BERMUDO DUNNS CIR	STREET ADDRESS	5582 Bermuda Dunes Circle
CITY-ST-ZIP	LAKE WORTH, FL 33463	CITY-ST-ZIP	Lake Worth FL 33463
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Dennis Wayne Anderson Jr 561 265-2380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

7/7/05