

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # F95000006048

1. Entity Name

CAPITAL WATER SOFTENERS OF FLORIDA, INC.



2. Principal Place of Business

2951 SE DOMINICA TERRACE
STUART FL 34997
US

Mailing Address

2951 SE DOMINICA TERRACE
STUART FL 34997
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number
65-0599211

Applied For
Not Applied

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

6. Name and Address of Current Registered Agent

MAUREK
MAXCAR, JANI E
500 NE SPANISH RIVER BLVD
SUITE 27
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 retreating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May 2**
Trust Fund Contribution. ☐ **Added to Fees**

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
ANDERSON, GAIL
5592 BERMUDA DRIVE CIRCLE
LAKE WORTH FL 33463

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPSD
ANDERSON, DANNIE W JR
5582 BERMUDA DRIVE CIRCLE
LAKE WORTH FL 33463

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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] **3/27/06** **72-223-013**