


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2005 08:00 AM
Secretary of State

DOCUMENT # F96000006744
 1. Entity Name
AMERICAN WATER HEATER COMPANY



Principal Place of Business Mailing Address
500 PRINCETON ROAD **500 PRINCETON ROAD**
JOHNSON CITY, TN 37601 **JOHNSON CITY, TN 37601 US**

DO NOT WRITE IN THIS SPACE



06072005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
34-0299600 Not Applicable

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

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRUDEAU, ROBERT W 500 PRINCETON ROAD JOHNSON CITY, TN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PHILLIPS, SCOTT R 100 GALLERIA PKWY ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT MARTINEAU, PETER R 1100 EAST FAIRVIEW AVENUE JOHNSON CITY, TN 37601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **PETER MARTINEAU** Date: **06/07/05** Daytime Phone #: **(423) 434-1693**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR