

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G63947

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: RESIDENTIAL WATER SYSTEMS, INC.

## Current Principal Place of Business:

P.O. BOX 5220  
OCALA, FL 34470 US

## New Principal Place of Business:

1410 NE 8TH AVE  
OCALA, FL 34470 US

## Current Mailing Address:

P.O. BOX 5220  
OCALA, FL 34478 US

## New Mailing Address:

FEI Number: 59-2393057      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DEMENZES, CHARLES  
1410 NE 8TH AVE  
OCALA, FL 34470 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: FINNEY, ELAINE,  
Address: 1527 DESS DRIVE  
City-St-Zip: ORLANDO, FL 32818

Title: P ( ) Delete  
Name: DEMENZES, CHARLES  
Address: PO BOX 5220  
City-St-Zip: OCALA, FL 20

Title: ST ( ) Delete  
Name: DILLON, DEBORAH  
Address: PO BOX 5220  
City-St-Zip: OCALA, FL 20

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: DEMENZES, CHARLES  
Address: PO BOX 5220  
City-St-Zip: OCALA, FL 34478

Title: ST (X) Change ( ) Addition  
Name: DILLON, DEBORAH  
Address: PO BOX 5220  
City-St-Zip: OCALA, FL 34478

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES DEMENZES

P

03/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date