

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G63947

FILED  
Jan 23, 2012  
Secretary of State

**Entity Name:** RESIDENTIAL WATER SYSTEMS, INC.

**Current Principal Place of Business:**

1410 NE 8TH AVE  
OCALA, FL 34470 US

**New Principal Place of Business:**

2330 NE 8TH ROAD  
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:**

DEMENZES, CHARLES  
2330 NE 8TH ROAD  
OCALA, FL 34470 US

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:

01/23/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: P  
Name: DEMENZES, CHARLES  
Address: PO BOX 5220  
City-St-Zip: OCALA, FL 34478

Title: ST  
Name: DILLON, DEBORAH  
Address: PO BOX 5220  
City-St-Zip: OCALA, FL 34478

I hereby 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 all other like empowered.

SIGNATURE: CHARLES DEMENZES

PD

01/23/2012

Electronic Signature of Signing Officer or Director

Date