


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G95796</b> 1. Entity Name <b>ULTRA/PURE WATER, INC.</b>	
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Principal Place of Business  
832 PIKE ROAD  
W PALM BCH., FL 33411-0855

Mailing Address  
LAWRENCE STENGER  
2540 ELLIJAY ROAD  
FRANKLIN, NC 28784 US

**DO NOT WRITE IN THIS SPACE**



04142005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2397288</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

STENGER, JOHN  
1342 SW KNOLLWOOD DRIVE  
PALM CITY, FL 34990

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

1100000312941  
04/18/05-80107-001 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STENGER, LAWRENCE 2540 ELLIJAY RD. FRANKLIN, NC 28734
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HENNINGMANN, JORG 832 PIKE ROAD W PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STENGER, JOHN 1342 S.W. KNOLLWOOD DR. PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

*pd 4/14/05  
\$150.00*

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IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*LAWRENCE STENGER* **APRIL 14, 2005** **828-369-5343**