

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90016 012 ***150.00

DOCUMENT # H25799

1. Entity Name
FLORIDA WATER TREATMENT, INC.



Principal Place of Business

1398 MAIN STREET
DUNEDIN, FL 34698

Mailing Address

1398 MAIN STREET
DUNEDIN, FL 34698

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03132006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-2460487

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLOOM, HERBERT P.
1750 ARABIAN LANE
PALM HARBOR, FL 34685

Name

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

249 Dogwood Trace

City

Tarpon Springs

FL

Zip Code

34688

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME BLOOM, HERBERT P.
STREET ADDRESS 1750 ARABIAN LANE
CITY-ST-ZIP PALM HARBOR, FL 34685

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS 249 Dogwood Trace
CITY-ST-ZIP Tarpon Springs FL 34688

TITLE VP ☐ Delete
NAME MATT ZARRA
STREET ADDRESS 2134 MOUNTAIN ASH WAY
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE VP ☐ Change ☒ Addition
NAME MATT ZARRA
STREET ADDRESS 2134 MOUNTAIN ASH WAY
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE VP ☐ Delete
NAME JONI ZARRA
STREET ADDRESS 2134 MOUNTAIN ASH WAY
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE VP ☐ Change ☒ Addition
NAME JONI ZARRA
STREET ADDRESS 2134 MOUNTAIN ASH WAY
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE SEC ☐ Delete
NAME MARK BLOOM ESQ
STREET ADDRESS 490 NE 101ST
CITY-ST-ZIP MIAMI SHORES FL 33138

TITLE SEC ☐ Change ☒ Addition
NAME MARK BLOOM ESQ
STREET ADDRESS 490 N.E. 101ST
CITY-ST-ZIP MIAMI SHORES FL 33138

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 #

3-15-06