## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # H28326

1. Entity Name

SUBURBAN WATER CONDITIONING, INC.



Principal Place of Business

C/O RICHARD ALAN PROVENZANO 2203 BELVEDERE ROAD

WEST PALM BEACH, FL 33406

Mailing Address

C/O RICHARD ALAN PROVENZANO 2203 BELVEDERE ROAD WEST PALM BEACH, FL 33406 FILED Jan 17, 2008 08:00 AM Secretary of State



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01142008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For

59-2474186

5. Certificate of Status Desired □ \$8.

\$8.75 Additional Fee Required

Not Applicable

6. Name and Address of Current Registered Agent

PROVENZANO, RICHARD ALAN 2203 BELVEDERE ROAD WEST PALM BEACH, FL 33406

NAME . STREET ADDRESS

## DO NOT WRITE IN THIS SPACE

SIGNATURE   Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent appraisure reculted when reinstature)   DATE		named entity submits this statement for the poons of registered agent.	ourpose of changing its register	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
After May 1, 2008 Fee will be \$550.00  Trust Fund Contribution.  Added to Fees  10. OFFICERS AND DIRECTORS  TITLE NAME PROVENZANO, RICHARD ALAN STREET ADDRESS 4150-123RD TRN. ROYAL PALM BCH., FL 33441  TITLE NAME STREET ADDRESS CITY-ST-ZIP ROYAL PALM BCH., FL 33411  TITLE TITLE TITLE TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME NAME STREET ADDRESS STREE	SIGNATURE_	Signature, typed or printed name of registered agent and title	d applicable (NOTE: Registere	d Agent signature	required when reinstating)	DATE
TITLE NAME PROVENZANO, RICHARD ALAN STREET ADDRESS CITY-ST-ZIP ROYAL PALM BCH., FL 33441  TITLE VTS NAME PROVENZANO, DIANE M. U00000788047 01/18/08-80024-010 150.00  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	FILE MOWIN FEE 13 \$ 150.00					
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NAME STREET ADDRESS CITY- ST-ZIP  TITLE NAME  NAME  TITLE NAME  TITLE NAME	NAME Street address	PROVENZANO, DIANE M. 4150-123RD TR.,N.				U00000788047 01/18/08-80024-010 150.00
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	NAME STREET ADDRESS				DO	NOT WRITE
NAME	NAME STREET ADDRESS				IN '	THIS SPACE
CITY-ST-ZIP	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: Thu A. Youang am RICHARD ALAN PROVENZAND 1/14/00 (561) 672-1303