


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # H93673 1. Entity Name WATER EQUIPMENT SERVICES, INC.	
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Principal Place of Business 6389 TOWER LANE SARASOTA, FL 34240 US	Mailing Address 1631 JEWELL DRIVE SARASOTA, FL 34240 US
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04162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2645237	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DELOACH, ANTHONY 1631 JEWEL DRIVE SARASOTA, FL 34240	DO NOT WRITE IN THIS SPACE
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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 reconstituting) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$650.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE P	DO NOT WRITE IN THIS SPACE U000000726872 05/04/07-80024-019 150.00
NAME DELOACH, ANTHONY	
STREET ADDRESS 1631 JEWEL DR	
CITY-ST-ZIP SARASOTA, FL	
TITLE VP	
NAME DELOACH, LAURIE JO	
STREET ADDRESS 1631 JEWEL DR	
CITY-ST-ZIP SARASOTA, FL	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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 #