


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # J36916**  
 1. Entity Name  
**IMPROVED DRINKING WATER & POOL COMPANY**



Principal Place of Business      Mailing Address  
 934 N. MAGNOLIA AVE STE 229      934 N. MAGNOLIA AVE STE 229  
 ORLANDO, FL 32803 US      ORLANDO, FL 32803 US

**DO NOT WRITE IN THIS SPACE**



01062008 No Chg-P CR2E034 (11/05)

4. FEI Number      Applied For  
**59-2755308**      Not Applicable

5. Certificate of Status Desired            **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
 MCLEOD, RAYMOND A.  
 48 E. MAIN STREET  
 APOPKA, FL 32704

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COPLIN, ANDREW
STREET ADDRESS	934 N. MAGNOLIA AVE STE 229
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000779536  
 01/11/08-80041-021 150.00

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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:** \_\_\_\_\_      **1/8/08**      **4072956609**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #