## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 11, 2005 8:00 am Secretary of State

DOCUMENT # L30478  1. Entity Name A PLUS WATER, INC.					03-1	1-2005 9031	8 011 **	*150.00		
Principal Place of Business Mailing Address				<del>-, -</del>	7					
4591 KAWILLA CREST PL WINTER PARK, FL 32792 US		4591 KAWILLA CREST PL. Winter Park, Fl. 32792					50	0250	90	
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2. Principal Place of Business		3. Mailing Address			]					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03082005	Chg-P	CR2E034 (10/03)			
City & State		City & State			4. FEI Number 59-2975565			<del></del>	plied For Applicable	
Zip	Country	Zip	Countr	ry 	5. Certificate of	Status Desired		\$8.75 Add Fee Required		
	6. Name and Address of Current F	legistered Agent		Name	7. Name and A	ddress of New Ro	gistered A	gent		
SCHIRMER, ROGER A.										
4591 KAWILLA CREST PL. WINTER PARK, FL 32792			-	Street Address (	(P.O. Box Number	is Not Acceptable	)			
			}	City			FL	Zip Code	<del>,  </del>	
8. The above the obligation	e named entity submits this statement for tions of registered agent.	the purpose of changing its	registere	d office or registe	red agent, or both,	in the State of Flo	rida. 1 am f	amiliar with,	and accept	
SIGNATURE.	Signature, typed or printed name of registered agent ar	nd title if applicable, (NOT	E: Registered	Agent signature required	d when reinstating)		DATE			
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campa Trust Fund Conf	~	· ••	.00 May Be		<u></u>			
10.	OFFICERS AND C	DIRECTORS	11.		ADDITIONS/CI	HANGES TO OFFI	CERS AND	DIRECTORS	SIN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SCHIRMER, ROGER A. -4591 KAWILLA CREST PL. WINTER PARK, FL 32792	☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHIRMER, ROGER A. 4591 KAWILLA CREST PL. WINTER PARK, FL 32792	☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS				☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE	T ADDRESS				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME	T ADDRESS			<del>_</del>	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREE	T ADDRESS ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-S					Change	Addition	
12. I hereby andicated of the core	certify that the information supplied with the on this report or supplemental report is a position or the receiver or trustee empore or on an attachment with a particle.	this filling does not qualify fo true and accurate and that r world to execute this report	r the exem ny signatu as require	nption stated in Se are shall have the ed by Chapter 60	ection 119.07(3)(i), same legal effect a 7, Florida Statutes:	Florida Statutes. I is if made under o and that my name	further cert ath; that I a	ify that the in	formation or director	