

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L30478**

1. Entity Name

A PLUS WATER, INC.



Principal Place of Business

4591 KAWILLA CREST PL  
WINTER PARK FL 32792  
US

Mailing Address

4591 KAWILLA CREST PL.  
WINTER PARK FL 32792



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-2975565

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

SCHIRMER, ROGER A.  
4591 KAWILLA CREST PL.  
WINTER PARK FL 32792

Name

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

City

**FL**

Zip Code

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 and title required when transferring)

DATE

**FILE NOW!!! - FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PST  
SCHIRMER, ROGER A.  
44591 KAWILLA CREST PL.  
WINTER PARK FL 32792

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
U00000853502  
03/26/08-80073-009 150.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
SCHIRMER, ROGER A.  
4591 KAWILLA CREST PL.  
WINTER PARK FL 32792

TITLE ☐ Change ☐ Addition  
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CITY - ST - ZIP

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

*Roger A. Schirmer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Expiring Period

3/5/08 407-6451999