

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2007 08:00 A
Secretary of State

DOCUMENT # L41900

1. Entity Name
PRO-WATER SYSTEMS, INC.



Principal Place of Business
**11631-3 COLUMBIA PK DR E
JACKSONVILLE, FL 32258 US**

Mailing Address
**11631-3 COLUMBIA PK DR E
JACKSONVILLE, FL 32258 US**



02262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2986640

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JONES, DONALD G.
11631-3 COLUMBIA PK DR E
JACKSONVILLE, FL 32258**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	JONES, DONALD G.
STREET ADDRESS	1737 HAWKCREST DR
CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	D
NAME	JONES, DONALD G.
STREET ADDRESS	1737 HAWKCREST DR
CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	VP
NAME	JONES, JUDY
STREET ADDRESS	1737 HAWKCREST DR
CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	S
NAME	KELLEY, GLORIA
STREET ADDRESS	12865 LONGVIEW DR E
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/09/07-80010-016 158.75

**DO NOT WRITE
IN THIS SPACE**

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**

DONALD G. JONES

Date

Daytime Phone #

2/26/07 904-288-0965