## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# L41900

Title:

Name: Address:

City-St-Zip:

Entity Name: PRO-WATER SYSTEMS, INC.

FILED Jan 28, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 8823 SON JOSE BLVD #304 8823 SAN JOSE BLVD JACKSONVILLE, FL 32217 SUITE 304 US JACKSONVILLE, FL 32217 US **Current Mailing Address:** New Mailing Address: 8823 SON JOSE BLVD #304 8823 SAN JOSE BLVD JACKSONVILLE, FL 32217 US SUITE 304 JACKSONVILLE, FL 32217 US FEI Number: 59-2986640 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JONES, DONALD G. 8823 SÁN JOSE BLVD SUITE 304 JACKSONVILLE, FL 32217 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition JONES, DONALD G., Name: Name: 1737 HAWKCREST DR Address: Address: City-St-Zip: JACKSONVILLE, FL 32259 City-St-Zip: Title: Title: () Delete () Change () Addition JONES, DONALD G., Name: Name: 1737 HAWKCREST DR Address: Address: JACKSONVILLE, FL 32259 City-St-Zip: City-St-Zip: Title: Title: VΡ ( ) Delete VΡ (X) Change ( ) Addition JONES, JUDY, JONES, JUDITH, Name: Name: 1737 HAWKCREST DR 1737 HAWKCREST DR Address: Address: City-St-Zip: JACKSONVILLE, FL 32259 City-St-Zip: JACKSONVILLE, FL 32259

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JUDITH A. JONES VP 01/28/2009

( ) Delete

KELLEY, GLORIA,

JACKSONVILLE, FL

12865 LONGVIEW DR E

() Change () Addition