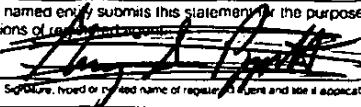
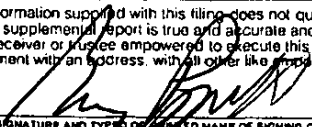


FILED
Feb 26, 2007 8:00 am
Secretary of State

02-08-2007 90051 015 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # L71673 1. Entity Name PLACID WATER CONDITIONING, INC.		
Principal Place of Business % PIGGOTT, GARY S. 207 NORTH ORANGE STREET SEBRING, FL 33870 US	Mailing Address % PIGGOTT, GARY S. 207 NORTH ORANGE STREET SEBRING, FL 33870 US	 01082007 No Chg-P CR2E034 (11/05) 4. FEI Number 59-3007275 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PIGGOTT, GARY S 207 N ORANGE ST SEBRING, FL 33870		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  1/31/07 Signature, typed or printed name of registrant as above and date if applicable (NOTE: Registered Agent signature required when resigning) 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 NAME STREET ADDRESS CITY ST ZIP	PSTD PIGGOTT, GARY 207 N ORANGE ST SEBRING, FL	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY ST ZIP	V PIGGOTT, DEBRA A 207 N. ORANGE STREET SEBRING, FL	
TITLE NAME STREET ADDRESS CITY ST ZIP		
TITLE NAME STREET ADDRESS CITY ST ZIP		
TITLE NAME STREET ADDRESS CITY ST ZIP		
TITLE NAME STREET ADDRESS CITY ST ZIP		
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:  1/31/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #		