2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005185

Name:

Address:

City-St-Zip:

Entity Name: SAVE THE WATER TOWER, INC.

FILED Jul 04, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 11761 CAMP DRIVE DUNNELLON, FL 34432 **Current Mailing Address: New Mailing Address:** PO BOX 161 DUNNELLON, FL 344300161 FEI Number: 31-1790682 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: STROBL, FRANK J 11761 CÁMP DRIVE DUNNELLON, FL 34432 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete STROBL, SUE E STROBL, SUE E Name: Name: Address: 11761 CAMP DRIVE Address: 11761 CAMP DRIVE City-St-Zip: DUNNELLON, FL 34432 City-St-Zip: DUNNELLON, FL 34432 Title: () Delete Title: DV (X) Change () Addition Name: FERRING, BOB Name: HUSTON, JIM Address: 20600 WEST PENNSYLVANIA AVE #1 Address: 15400 SW 36TH City-St-Zip: DUNNELLON, FL 34431 City-St-Zip: OCALA, FL 34481 Title: () Delete Title: (X) Change () Addition STROBL, FRANK J Name: STROBL, FRANK J Name: 11761 CAMP DRIVE 11761 CAMP DRIVE Address: Address: City-St-Zip: DUNNELLON, FL 34432 City-St-Zip: DUNNELLON, FL 34432 () Delete Title: Title: DS () Change (X) Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

HUSTON, SHARON 15400 SW 36TH

OCALA, FL 34481

SIGNATURE: FRANK J. STROBL DP 07/04/2004