

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 30, 2004
Secretary of State**

DOCUMENT# N03000004688

Entity Name: AQUA-BALANCE INC.

Current Principal Place of Business:

2920 HIGHWAY 81, PO BOX 654
PONCE DE LEON, FL 32455

New Principal Place of Business:

Current Mailing Address:

2920 HIGHWAY 81, PO BOX 654
PONCE DE LEON, FL 32455

New Mailing Address:

FEI Number: 16-1677057 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARONE, FRANK JR
2920 HIGHWAY 81
PONCE DE LEON, FL 32455 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: BARONE, FRANK JR
Address: PO BOX 654
City-St-Zip: PONCE DE LEON, FL 32455

Title: D () Delete
Name: SPIETH, DAWN
Address: PO BOX 654
City-St-Zip: PONCE DE LEON, FL 32455

Title: D () Delete
Name: BUMPASS, KURT
Address: 429 106TH PL SW
City-St-Zip: EVERETT, WA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: FRANK BARONE

D

04/30/2004

Electronic Signature of Signing Officer or Director

_____ Date