

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002396

FILED  
Mar 13, 2009  
Secretary of State

Entity Name: TLP WATER, INC.

## Current Principal Place of Business:

12315 U.S. HIGHWAY 441  
TAVARES, FL 32778

## New Principal Place of Business:

## Current Mailing Address:

12315 U.S. HIGHWAY 441  
TAVARES, FL 32778

## New Mailing Address:

FEI Number: 61-1558517

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CAREY, WILLIAM E  
12315 U.S. HIGHWAY 441  
TAVARES, FL 32778 US

## Name and Address of New Registered Agent:

CAREY, WILLIAM E  
12315 U.S. HIGHWAY 441  
TAVARES, FL 32778 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: WILLIAM E. CAREY

03/13/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CAREY, WILLIAM E  
Address: 12315 U.S. HIGHWAY 441  
City-St-Zip: TAVARES, FL 32778

Title: VD ( ) Delete  
Name: JEFFREY, LEON J  
Address: 12315 U.S. HIGHWAY 441  
City-St-Zip: TAVARES, FL 32778

Title: STD ( ) Delete  
Name: SHUTT, LARRY  
Address: 12315 U.S. HIGHWAY 441  
City-St-Zip: TAVARES, FL 32778

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change ( ) Addition  
Name: SHUTT, LARRY  
Address: 12315 U.S. HIGHWAY 441  
City-St-Zip: TAVARES, FL 32778

Title: STD (X) Change ( ) Addition  
Name: HERLONG, LEON J  
Address: 12315 U.S. HIGHWAY 441  
City-St-Zip: TAVARES, FL 32778

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM E. CAREY

PD

03/13/2009

Electronic Signature of Signing Officer or Director

Date