


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000070605	
1. Entity Name QUALITY WATER SERVICES, INC.	

Principal Place of Business 1193 ENTERPRISE DR UNIT #101 PORT CHARLOTTE, FL 33953	Mailing Address 1349 SONG STREET PORT CHARLOTTE, FL 33952
---	---

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MATTHEW, JAMES R 22212 MONTROSE AVENUE PORT CHARLOTTE, FL 33952	
---	--

	
03052004	No Chg-P CR2E034 (10/03)
4. FEI Number 65-1027395	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 _____ DATE _____
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-appointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD BIRTH, DAVID G 1349 SONG STREET PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VSTD BIRTH, JULIA A 1349 SONG STREET PORT CHARLOTTE, FL 33952
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	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: *Julia A. Birth* **3-1-04** **941-627-4890**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY-TIME PHONE #