

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000070605

FILED
Apr 30, 2008
Secretary of State

Entity Name: QUALITY WATER SERVICES, INC.

Current Principal Place of Business:

1193 ENTERPRISE DR
UNIT #101
PORT CHARLOTTE, FL 33953

New Principal Place of Business:

New Mailing Address:

1193 ENTERPRISE DR
UNIT #101
PORT CHARLOTTE, FL 33953

Current Mailing Address:

1349 SONG STREET
PORT CHARLOTTE, FL 33952

FEI Number: 65-1027395

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DANIELS, CONNIE L
16444 LYNETTE AVE
PORT CHARLOTTE, FL 33953 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BIRTH, DAVID G
Address: 1349 SONG STREET
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VSTD () Delete
Name: BIRTH, JULIA A
Address: 1349 SONG STREET
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: JULIA A. BIRTH

VSTD

04/30/2008

Electronic Signature of Signing Officer or Director

_____ Date