

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000072256	
1. Entity Name TOMA WATER SYSTEMS, INC.	

Principal Place of Business 4600 ASHTON RD SARASOTA, FL 34233	Mailing Address 4600 ASHTON RD SARASOTA, FL 34233
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DO NOT WRITE IN THIS SPACE



04052006 No Chg-P CR2E034 (11/05)

4. FID Number 52-2257075	Added For Not Added
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CLAUSEN, GREGORY 1637 EAGLE VIEW CT SARASOTA, FL 34232
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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 _____
Signature, location and office of bank or other entity for use as agent Signature of registered agent or other qualified person Date

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	PS CLAUSEN, GREGORY D 1637 EAGLE VIEW CT SARASOTA, FL 34232
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05/03/06-80061-006 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 a other empowered.

SIGNATURE: *Gregory Clausen* **Gregory Clausen** *4-16-06* *(941) 921-2595*

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Print Name