

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90102 043 ***150.00

DOCUMENT # P00000106254 1. Entity Name H2O VENDING INC.					
Principal Place of Business 997 N. COLLIER BLVD MARCO ISLAND, FL 34145			Mailing Address P.O. BOX 1458 MARCO ISLAND, FL 34145		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1060432	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent KOWALSKI, DAVID J 779 PELICAN COURT MARCO ISLAND, FL 34145			7. Name and Address of New Registered Agent Name David J. Kowalski Street Address (P.O. Box Number if Not Applicable) 1953 Sheddfield Ave City Marco Island FL Zip Code 34145		
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 <u><i>David J. Kowalski</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005.		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ☐ Delete KOWALSKI, DAVID J 779 PELICAN COURT MARCO ISLAND, FL 34145	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1953 Sheddfield Ave. Marco Island FL 34145		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u><i>David J. Kowalski</i></u> DAVID J. KOWALSKI 4-30-05 2 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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