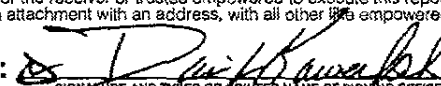


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 31, 2007 08:00 AM
Secretary of State

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
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KOWALSKI, DAVID J 1953 SHEFFIELD AVE MARCO ISLAND, FL 34145		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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		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		
TITLE	DP	
NAME	KOWALSKI, DAVID J	
STREET ADDRESS	1953 SHEFFIELD AVE.	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 all other life empowered.		
SIGNATURE: 		239 825 7588



07252007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1060432

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

UD00000770864
07/31/07-80004-006 150.00

**DO NOT WRITE
IN THIS SPACE**

27-24-07

Date

Daytime Phone #