2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000001702

1. Entity Name
H20 SALES AND SERVICE, INC.

Principal Place of Business	Mailing Address
21460 LAGUNA DRIVE BOCA RATON, FL 33433	21460 LAGUNA DRIVE BOCA RATON, FL 33433

01272008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1159325
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WORLDWIDE CORPORATION SERVICES, INC.
2780 EAST OAKLAND PARK BLVD
FORT LAUDERDALE, FL 33306

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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 reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000184941
04/28/08-80045-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	LYNCH, DWAYNE
STREET ADDRESS	21460 LAGUNA DRIVE
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	S
NAME	LYNCH, GEOFFREY
STREET ADDRESS	21460 LAGUNA DRIVE
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	P
NAME	LYNCH, WAYNE
STREET ADDRESS	21460 LAGUNA DR
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	T
NAME	LYNCH, KEITH
STREET ADDRESS	21460 LAGUNA DR
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 like empowered.

SIGNATURE: D.L. 04/2/08 (561)483-0420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #