

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000046477

Entity Name: WATER911,INC.

FILED
Jul 07, 2004
Secretary of State

Current Principal Place of Business:

1031 B. NE PINE ISLAND RD.
CAPE CORAL, FL 33909

New Principal Place of Business:

Current Mailing Address:

1031 B. NE PINE ISLAND RD.
CAPE CORAL, FL 33909

New Mailing Address:

FEI Number: 65-1159956

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAUFFER, MICHAEL
1031 B. NE PINE ISLAND RD.
CAPE CORAL, FL 33909

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: STAUFFER, MICHAEL
Address: 1031 B. NE PINE ISLAND RD.
City-St-Zip: CAPE CORAL, FL 33909

Title: D () Delete
Name: STAUFFER, MICHAEL
Address: 1031 B. NE PINE ISLAND RD.
City-St-Zip: CAPE CORAL, FL 33909

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: STAUFFER, MICHAEL
Address: 1031 B. NE PINE ISLAND RD.
City-St-Zip: CAPE CORAL, FL 33909

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VT () Change (X) Addition
Name: MINICH, CHERYL A
Address: 5210 SW 12TH PLACE
City-St-Zip: CAPE CORAL, FL 33914

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL P. STAUFFER

PS

07/07/2004

Electronic Signature of Signing Officer or Director

Date