

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90120 037 ***158.75

DOCUMENT # P01000084989

1. Entity Name

WATER TECHNOLOGY, INC.



Principal Place of Business

**23391 TUCKAHOE ROAD
ALVA FL 33920**

Mailing Address

**23391 TUCKAHOE ROAD
ALVA FL 33920**

2. Principal Place of Business

3700 Ft. Denaud Rd.

Suite, Apt. #, etc.

3. Mailing Address

3700 Ft. Denaud Rd.

Suite, Apt. #, etc.

City & State

La Belle, FL

City & State

La Belle, FL

Zip

33935

Country

USA

Zip

33935

Country

USA

4. FEI Number

65-1137679

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

**ST. JOHN, GREGOR R
23391 TUCKAHOE RD.
ALVA FL 33920**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Gregor St. John, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PVST** ☐ Delete
NAME **ST JOHN, GREGOR R**
STREET ADDRESS **33920 TUCKAHOE RD.**
CITY-ST-ZIP **ALVA FL 33920**

TITLE **VP** ☐ Delete
NAME **ST. JOHN, LISA**
STREET ADDRESS **23391 TUCKAHOE ROAD**
CITY-ST-ZIP **ALVA FL 33920**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVST** ☒ Change ☐ Addition
NAME **ST. JOHN, GREGOR R**
STREET ADDRESS **3700 FT. DENAUD RD.**
CITY-ST-ZIP **LA BELLE, FL 33935**

TITLE **VP** ☒ Change ☐ Addition
NAME **ST. JOHN, LISA**
STREET ADDRESS **3700 FT. DENAUD RD.**
CITY-ST-ZIP **LA BELLE, FL 33935**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 Section 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:

Lisa St. John

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-06 863673-2727

Date

Daytime Phone #