

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000108035

FILED
Apr 30, 2004
Secretary of State

Entity Name: AAA WELLS & WATER SYSTEMS INC.

Current Principal Place of Business:

14580 S. TAMiami TR.
UNIT D
NORTH PORT, FL 34287

New Principal Place of Business:

Current Mailing Address:

14580 S. TAMiami TR.
UNIT D
NORTH PORT, FL 34287

New Mailing Address:

FEI Number: 65-1154336

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEWART, WOODROW A
1218 NIMBUS DR
NORTH PORT, FL 34287

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHREFFER, VICTOR
Address: 12127 MARAVILLA DR
City-St-Zip: PUNTA GORDA, FL 33955

Title: D () Delete
Name: STEWART, WOODROW
Address: 1218 NIMBUS DR
City-St-Zip: NORTH PORT, FL 34287

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SCHAEFFER, VICTOR R
Address: 12127 MARAVILLA DR
City-St-Zip: PUNTA GORDA, FL 33955

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

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: VICTOR R SCHAEFFER

P

04/30/2004

Electronic Signature of Signing Officer or Director

Date