2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State
04-21-2005 90246 040 ***158.75

DOCUMENT # P01000108035

1. Entity Name
AAA WELLS & WATER SYSTEMS INC.

Principal Place of Business	Mailing Address
14580 S. TAMIAMI TR. UNIT D NORTH PORT, FL 34287	14580 S. TAMIAMI TR. UNIT D NORTH PORT, FL 34287

04182005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	12127 Maravilla Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Punta Gorda, Florida
Zip / Country	Zip: 33955 Country: USA

4. FEI Number: 65-1154336 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
STEWART, WOODROW A
1218 NIMBUS DR
NORTH PORT, FL 34287

7. Name and Address of New Registered Agent
Name: Deborah Schaeffer
Street Address (P.O. Box Number is Not Acceptable): 12127 Maravilla Drive
City: Punta Gorda, FL Zip Code: 33955

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: Deborah Schaeffer DATE: 4-18-05
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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHAEFFER, VICTOR R 12127 MARAVILLA DR PUNTA GORDA, FL 33955	☐ Delete	D/P/T Schaeffer, Victor R 12127 Maravilla Drive Punta Gorda, FL. 33955	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, WOODROW 1218 NIMBUS DR NORTH PORT, FL 34287	☒ Delete	Schaeffer, Deborah 12127 Maravilla Drive Punta Gorda, FL. 33955	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: [signature] Victor Schaeffer 4-18-05 (941)639-5800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #