


2005 FOR PROFIT CORPORATION ANNUAL REPORT

1082

DOCUMENT # P02000054409 1. Entity Name ENVIRONMENTAL WATER WORKS, INC.	
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Principal Place of Business 6575 80 AVE NORTH PINELLAS PARK, FL 33781	Mailing Address 6575 80 AVE NORTH PINELLAS PARK, FL 33781
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DO NOT WRITE IN THIS SPACE

FILED
05 OCT -3 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09092005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3389263	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FLORIDA WATER WORKS, INC.
6575 80 AVE NORTH
PINELLAS PARK, FL 33781

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IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YAUCHLER, GENE 1852 BALBOA LANE CLEARWATER, FL 34616
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP YAUCHLER, GENE II 503 BONNY DRIVE EAST LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MENA, PAUL J 3001 BRANCH DRIVE CLEARWATER, FL 34620 <i>3029 Crest Dr 33759</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CB WEAKLEY, ROBERT 17063 DOLPHIN DRIVE SAINT PETERSBURG, FL 33708 <i>NO LONGER WITH THE COMPANY</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VANDERBECK, MARCY 2123 PLEASANT PARKWAY CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VANDERBECK, JAMES CB</i> <i>2123 PLEASANT PARKWAY</i> <i>CLEARWATER, FL 33764</i>

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100060203321
10/04/05--01011--008 **150.00

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: *Gene Yauchler* GENE YAUCHLER *9/28/05* 727-541-5748
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



A COMPREHENSIVE HEALTH CARE COMPANY

DELTA HEALTH GROUP, INC.

September 28, 2005

Florida Secretary of State
Division of Corporations
Fictitious Name Section
P. O. Box 6327
Tallahassee, Florida 32314

RE: Berkshire Manor
G01166900234

Gentlemen/Ladies:

With reference to the above captioned filed fictitious name, please be advised that the owner's mailing address has changed. The old address was: Delta Health Group, Inc., 125 W. Romana Street, Suite 400, Pensacola, Florida, 32501. The new address is: Delta Health Group, Inc., 2 N. Palafox Street, Pensacola, Florida, 32502. Please update your records to reflect this change.

Thank you for your attention to this matter.

Sincerely,

Scott J. Bell
President