


**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 02, 2006 8:00 am
Secretary of State

02-09-2006 90025 039 ***150.00

DOCUMENT # P02000087745
1. Entity Name
WATER POINT TECHNOLOGIES, INC.



Principal Place of Business Mailing Address
6020 COUNTY ROAD 208 6020 COUNTY ROAD 208
ST. AUGUSTINE FL 32092 ST. AUGUSTINE FL 32092

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
16-1625373 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required
 \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
STOKER, ROBERT J
6020 COUNTY ROAD 208
ST. AUGUSTINE FL 32092

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
 \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD Delete
NAME STOKER, ROBERT J
STREET ADDRESS 6020 COUNTY ROAD 208
CITY-ST-ZIP ST. AUGUSTINE FL 32092

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VSD Delete
NAME CHAPIN, MICHAEL E
STREET ADDRESS 1981 RIVER OAKS DR
CITY-ST-ZIP JACKSONVILLE FL 32259

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/06 904-826-0735
Date Daytime Phone #