


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90196 029 ***150.00

DOCUMENT # P02000087971		
1. Entity Name PURE WATER PLUS 87, INC.		

Principal Place of Business 11580 OAKHURST RD LARGO, FL 33774	Mailing Address 11580 OAKHURST RD LARGO, FL 33774
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24070772



2. Principal Place of Business 255 14th St NW #1 Suite, Apt. #, etc.	3. Mailing Address 255 14th St NW #1 Suite, Apt. #, etc.
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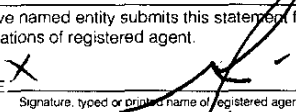
05012004 Chg-P CR2E034 (10/03)

City & State LARGO FL	City & State LARGO, FL	4. FEI Number 30-0164404	Applied For Not Applicable
Zip 33770	Country	Zip 33770	Country

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

6. Name and Address of Current Registered Agent MCCAIN, GENA 11580 OAKHURST ROAD LARGO, FL 33774	
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7. Name and Address of New Registered Agent Name MICHEL LAJEUNESSE Street Address (P.O. Box Number is Not Acceptable) 255 14th St NW, #1 City LARGO FL Zip Code 33770	
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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  X 4/30/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
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FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAJEUNASSE, MICHEL 255 14TH ST NW UNIT 1 LARGO, FL 33770 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAJEUNESSE, MICHEL 255 14TH ST NW UNIT 1 LARGO, FL 33770 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCCAIN, GENE 11580 OAKHURST ROAD LARGO, FL 33774 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LAJEUNESSE, Michel <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DANIELA LAJEUNESSE 255 14th St NW, #1 LARGO, FL 33770 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MICHEL LAJEUNESSE	Date 4/30/04	Daytime Phone #
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