FILED
May 21, 2004 8:00 am
Secretary of State
04-26-2004 90440 039 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

66423317

03292004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000002023

1. Entity Name
WATER ONE OF SOUTHWEST FLORIDA, INC.

Principal Place of Business	Mailing Address
LAREDO AVENUE FORT MYERS, FL	C/O 10977 LONGSHORE WAY E NAPLES, FL 34119

2. Principal Place of Business	3. Mailing Address
4840 LAREDO AVENUE	4840 LAREDO AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT MYERS, FLORIDA	City & State: FORT MYERS, FLORIDA
Zip: 33905 Country: USA	Zip: 33905 Country: USA

4. FEI Number: 11-3671490 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BARLOW, MICHAEL M 10977 LONGSHORE WAY EAST NAPLES, FL 34119	Name: CRAIG D. BLUME, ESQ. Street Address (P.O. Box Number Is Not Acceptable): 5801 PELICAN BAY BLVD., STE 103 City: NAPLES FL Zip Code: 34108

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: [signature] CRAIG D. BLUME Attorney DATE: 04-20-04
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, 2004 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	D BARLOW, MICHAEL M 10977 LONGSHORE WAY EAST NAPLES, FL 34119	XX Delete	President, Treas., Director BARLOW, MICHAEL M. 4840 LAREDO AVENUE ~~FORT MYERS, FLORIDA 33905~~	XX Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARLOW, RUTH E 10977 LONGSHORE WAY EAST NAPLES, FL 34119	XX Delete	Secretary, Director BARLOW, RUTH E. 4840 LAREDO AVENUE FORT MYERS, FLORIDA 33905	XX 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: Michael M Barlow Pres. Michael M. Barlow 04-22-04 (239) 425-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #