


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 12, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90296 037 \*\*\*150.00

<b>DOCUMENT # P03000049073</b> 1. Entity Name CENTRAL FLORIDA WATER TREATMENT, INC.	
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Principal Place of Business 739 RIVERBEND BLVD. LONGWOOD, FL 32779	Mailing Address 739 RIVERBEND BLVD. LONGWOOD, FL 32779
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66018384



01232006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 03-0516966	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  BERACIERTO, ALAN J 739 RIVERBEND BLVD. LONGWOOD, FL 32779
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**DO NOT WRITE  
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when transferring) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD BERACIERTO, ALAN J MR 739 RIVERBEND BLVD. LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TR GARCES, BEATRIZ E MRS 739 RIVERBEND BLVD LONGWOOD, FL 32779
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 being empowered.

SIGNATURE: Beatriz Garcés Date: 6/7/06 Daytime Phone #: 407/862-2234  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR