2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 24, 2006 8:00 am Secretary of State

DOCUMENT # P03000111549 1. Entity Name FLORIDA WATER SPECIALIST, INC.						02-24-2006 9	90008 046 ***1:	50.00
Principal Plac	e of Business	Mailing Address		· · · · · · · · · · · · · · · · · · ·	UUD	} • =		
			16736 DALBERG DRIVE SPRINGHILL, FL 34610		1 18411881 1418		21 N es 1488 paga 4014 8181	(1 200)
2. Principal Place of Business		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		02132006	Chg-P	CR2E034 (11/0	5)
City & State		City & State			4. FEI Number 30-0213		⊢	Applied For Not Applicable
Zip	Country	Zip	Count	try	5. Certificate o	f Status Desired	□ \$8.75 A	
	6. Name and Address of Curre	nt Registered Agent			7. Name and A	Address of New R	egistered Agent	
IAMEO DI IONEO ID DA				Name				
JAMES R JONES JR PA 11120 LIBBY ROAD SPRINGHILL, FL 34609				Street Address (P.O. Box Number is Not Acceptable)				
				City			FL Zip C	ode
	named entity submits this statement tions of registered agent.	t for the purpose of changing its	s registere	ed office or regis	ered agent, or both	, in the State of Flo	rida. I am familiar wil	h, and accept
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NO	TE: Registered	d Agent signature requi	red when reinstating)	······································	DATE	<u></u> :
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$55	9. Election Campa 0.00 Trust Fund Con			5.00 May Be	<u> </u>		
10.	OFFICERS AN	L ND DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTO	DRS IN 11
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NAME	WATKINS, JAMES		NAME					
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12. I hereby certify that the information supplied with this filling 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 like empowered.

SIGNATURE

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2-13-06X

Daytime Phone #