

## ANNUAL REPORT

DOCUMENT # P03000118445

1. Entity Name  
HYDRO2 INC.

**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

Principal Place of Business  
245 SANDSTONE DRIVE  
ATHENS, GA 30605 USMailing Address  
245 SANDSTONE DRIVE  
ATHENS, GA 30605 US

01042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**4. FEI Number  
58-2390662Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

STUBBS, CLAUDIA A  
10550 BAYMEADOWS ROAD  
UNIT 121  
JACKSONVILLE, FL 32256**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 reinstating)

DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.009. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	T
NAME	CAVINDER, THOMAS R
STREET ADDRESS	245 SANDSTONE DRIVE
CITY - ST - ZIP	ATHENS, GA 30605

TITLE	P
NAME	HICKS, DELBERT B
STREET ADDRESS	290 BAR H DRIVE
CITY - ST - ZIP	ATHENS, GA 30605

TITLE	VP
NAME	KOENIG, MARK E
STREET ADDRESS	293 FOREST ROAD
CITY - ST - ZIP	ATHENS, GA 30605

TITLE	S
NAME	MURPHY, PHILIP J
STREET ADDRESS	285 MORTON FARM LANE
CITY - ST - ZIP	ATHENS, GA 30605

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000176154  
 01/10/05-80081-004 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

1-4-05 706 549 5834

Date

Daytime Phone #