

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90041 011 ***150.00

DOCUMENT # P03000143284

1. Entity Name
A RELIABLE WATER CONDITIONING INC.



Principal Place of Business
~~414 TURNER ST.~~
CLEARWATER, FL 33756

Mailing Address
~~414 TURNER ST.~~
CLEARWATER, FL 33756

44021740

2. Principal Place of Business
1421-A South Missouri Ave
Suite, Apt. #, etc.

3. Mailing Address
1421-A South Missouri Ave
Suite, Apt. #, etc.



02042004 Chg-P CR2E034 (10/03)

City & State
CLEARWATER, FL.
Zip
33756 Country
FLORIDA

City & State
CLEARWATER, FL.
Zip
33756 Country
FLORIDA

4. FEI Number
32-0100948
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KLANT, EDWARD D
~~414 TURNER ST.~~
CLEARWATER, FL 33756

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1421-A South Missouri Ave
City
CLEARWATER FL Zip Code
33756

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/24/04
DATE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KLANT, EDWARD D
~~414 TURNER ST.~~
CLEARWATER, FL 33756 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Sec.
LILLIAN M. KLANT
1421-A South Missouri Ave
CLEARWATER, FL 33756 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
1421-A So. Missouri Ave

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/04
Date

727-631-0011
Daytime Phone #