2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2005 8:00 am Secretary of State 04-25-2005 90258 025 ***150.00

Principal Place of Business Malling Address 1.1 MiLKSORO P PALM COAST, FL 32164 P	DOCUMENT # P04000022802 1. Entity Name ALL FLORIDA FILTRATION, INC.								04-25	-2005 90	0258 025	***15	0.00
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City & State Ci	2. Principal Place of Business			3. Mailing Address									
Second S	Suite, Apt. #, etc.			Suite, Apt. #, etc.				04212005	Chg-l	P (CR2E034	(10/03)	
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Codia City	City & State		City & State			4. FEI Number	-009`	7459		<u>`</u>	·		
Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	Zip	Country		Zip Coun		try .	5 Certificate of Status Desired \$8						
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		6. Name	and Address of Current	Registered Agent		Name		7. Name and	Address o	of New Regi	stered Age	nt	
B. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the new familiar with, and accept the new familiar with, and accept and the new familiar with, and accept and the new familiar with accept and the new familiar with, and accept and the new familiar with accept and the new familia	8 WALLA F	긴	32164				ddress (I	P.O. Box Numb	er is Not Ac	cceptable)			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE						City					EI Ì	Zip Code	9
SIGNATURE Signature, hoad or printed ratine of regenered agent and title of applicable. NOTE: Registered Agent application required when indistatering DATE	8. The above	named entit	y submits this statement for	or the purpose of changing its	registere	ed office or	register	ed agent, or bo	th, in the St	ate of Florida		iliar with,	and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11 TILE PAUM COAST, FL 32164 TILE UP ALM COAST, FL 32164 TILE UP ALM COAST, FL 32164 TILE NAME SIREE ADDRESS CITY-ST-2P PALM COAST, FL 32164 TILE NAME SIREE ADDRESS CITY-ST-2P PALM COAST, FL 32164 TILE NAME SIREE ADDRESS CITY-ST-2P PALM COAST, FL 32164 TILE NAME SIREE ADDRESS CITY-ST-2P TILE TILE TILE TILE TILE TILE TILE TILE	the obligat	ions of regis	tered agent.	٠									
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