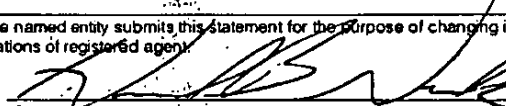
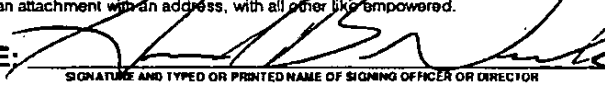


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2005 8:00 am
Secretary of State

03-24-2005 90034 033 ***158.75

DOCUMENT # P04000024383			
1. Entity Name AMERICAN WATER CORP. OF DEERFIELD BEACH			
Principal Place of Business 1701 N.W. 5TH STREET DEERFIELD BEACH FL 33442		Mailing Address 1701 N.W. 5TH STREET DEERFIELD BEACH FL 33442	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent BURKE, NANCY M 106 EAST COLLEGE AVENUE SUITE 1200 TALLAHASSEE FL 32301		7. Name and Address of New Registered Agent Name HOWARD NEWARK Street Address (P.O. Box Number is Not Acceptable) 280 S. MILITARY TRAIL City DEERFIELD BCH FL 33442	
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  DATE 3.17.05 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D NEWARK, HOWARD ☐ Delete 1701 N.W. 5TH STREET DEERFIELD BEACH FL 33442	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME 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: 		Date 3.17.05 Daytime Phone # 9544213322	

66U10101



1st MOORE CR2E034 (10/04)

4. FEI Number **06 1724699** Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**