2005 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2005 8:00 am
Secretary of State
04-21-2005 90222 024 ***150.00

66023514

DOCUMENT # P04000062748

1. Entity Name
SOFTECK WATER CONDITIONING CORP

Principal Place of Business	Mailing Address
6081 ISLAND WALK BLVD. NAPLES, FL 34119	6081 ISLAND WALK BLVD. NAPLES, FL 34119

03122005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		20-1015555	Not Applicable
City & State		City & State		5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip	Country	Zip	Country		
		34119	COLLIER		

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
YURI, JOSE ANDRES 3260 BERMUDA ISLE CIRCLE SUITE 719-A NAPLES, FL 34109	Name Street Address (P.O. Box Number is Not Acceptable) 6081 ISLAND WALK BLVD City NAPLES FL Zip Code 34119

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 _____ 6/14/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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	P YURI, JOSE ANDRES 3260 BERMUDA ISLE CIRCLE SUITE 719-A NAPLES, FL 34109	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PINTO, OLGUIGNHA 3260 BERMUDA ISLE CIRCLE SUITE 719-A NAPLES, FL 34109	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V FLOEGEL, BRUNO 160 22ND AVENUE NW NAPLES, FL 34120	☒ Delete	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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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

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: _____ 6/14/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #