

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000130509

FILED  
Apr 24, 2005  
Secretary of State

**Entity Name:** AQUA PRO WATER TREATMENT OF FLORIDA, INC.

**Current Principal Place of Business:**

2400 SHIRECREST COVE  
LUTZ, FL 33558

**New Principal Place of Business:**

**Current Mailing Address:**

2400 SHIRECREST COVE  
LUTZ, FL 33558

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LYONS, ROBERT  
2901 W BUSH BLVD STE #500  
TAMPA, FL 33618 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES ( ) Change (X) Addition  
Name: POSEY, FRANKLIN S  
Address: 18617 LAKESHORE DR.  
City-St-Zip: LUTZ, FL 33549

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOAN HEATH

PRES

04/24/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date