

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2006 8:00 am
Secretary of State

05-02-2006 90170 017 ***150.00

DOCUMENT # P05000032841 1. Entity Name TRITON WATER SYSTEMS, INC.					
Principal Place of Business 4249 WHIDDEN BLVD PORT CHARLOTTE, FL 33980 US			Mailing Address PO BOX 380519 MURDOCK, FL 33938 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-2434521	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MERRILL, DEAN R 858 BOUNDARY BLVD ROTONDA WEST, FL 33947				Name MARK JAMESON Street Address (P.O. Box Number is Not Acceptable) 2613 BADGER LANE City NORTH PORT FL Zip Code 34286	
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 <u>Mark Jameson</u> (NOTE: Registered Agent signature required when remitting) DATE <u>4-28-06</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 JAMESON, MARK 2613 BADGE LANE NORTH PORT, FL 34286 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRODERICK, TIMOTHY 5064 ALSIER ROAD NORTH PORT, FL 34286 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRODERICK, ROBIN R 5064 ALSIER ROAD NORTH PORT, FL 34286 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MARLENE JAMESON 2613 BADGER LANE NORTH PORT FL 34286 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO JAMESON, ROBERT 801 ROTONDA CIRCLE ROTONDA WEST, FL 33947 ☒ 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 exemptions contained in Chapter 119, 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: <u>Mark Jameson</u>			Date <u>4-28-06</u> Daytime Phone #		

66018350



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