

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90046 010 \*\*\*150.00

**DOCUMENT # P07217**

1. Entity Name  
**WATER TREATMENT & CONTROLS COMPANY**



Principal Place of Business  
**9900A NORTH PALAFOX ST  
PENSACOLA, FL 32534 US**

Mailing Address  
**409 WASHINGTON AVE., STE 310  
TOWSON, MD 21204**

**60010767**



01142006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>52-1402868</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**EMMANUEL, ROBERT A ESQ  
EMMANUEL SHEPPARD & CONDON  
30 SOUTH SPRING STREET  
PENSACOLA, FL 32501**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GILLET, SHERLOCK S. 409 WASHINGTON AVE #310 TOWSON, MD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MATSON, GERALD H. 409 WASHINGTON AVE #310 TOWSON, MD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GILLET, SHERLOCK S., JR. 409 WASHINGTON AVE #310 TOWSON, MD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: Gerald H. Matson **GERALD H. MATSON, TREAS.** 1/14/2006 410-825-3722  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #