

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2007 08:00 AM
Secretary of State

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**



03052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-1402868

Applied For
☐ Not Applicable

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

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

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03/27/07-00022-013 150.00

**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.** 3/05/07 410-825-3722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #