

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000072264

Entity Name: WATER OPTIMIZER, INC.

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4921 MEMORIAL HIGHWAY, SUITE 300  
TAMPA, FL 33634

**New Principal Place of Business:**

**Current Mailing Address:**

4921 MEMORIAL HIGHWAY, SUITE 300  
TAMPA, FL 33634

**New Mailing Address:**

FEI Number: 26-0214858

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

ORCHARD, JAMES A  
4921 MEMORIAL HIGHWAY, SUITE 300  
TAMPA, FL 33634 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

**OFFICERS AND DIRECTORS:**

Title: CFO  
Name: ORCHARD, JAMES A  
Address: 4921 MEMORIAL HWY., SUITE 300  
City-St-Zip: TAMPA, FL 33634

Title: CEO  
Name: O'CONNOR, THOMAS M  
Address: 4921 MEMORIAL HWY., SUITE 300  
City-St-Zip: TAMPA, FL 33634

Title: P  
Name: APPENZELLER, KEITH A  
Address: 4921 MEMORIAL HWY., SUITE 300  
City-St-Zip: TAMPA, FL 33634

I hereby 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 all other like empowered.

SIGNATURE: JAMES A ORCHARD

CFO

02/07/2012

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

\_\_\_\_\_  
Date