2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jun 02, 2004 8:00 am **Secretary of State DOCUMENT # P93000043670** 05-07-2004 90133 018 ***150.00 A*B WATERWORKS, INC. Principal Place of Business Mailing Address A*B WaterWorks Inc. 346 GREEN MEADOWS DRD 66426034 MONTICELLO, FL. 32344 346 Green Meadows rd Monticello,Fl 32344 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05062004 CR2E034 (10/03) Applied For City & State City & State 59-3205547 Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BELOW, ALLEN C Street Address (P.O. Box Number is Not Acceptable) 346 GREEN MEADOWS RD. MONTICELLO, FL 32344 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOWIN FEE IS \$550.00 Trust Fund Contribution. Due by September 8, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Addition TILE Delete TITLE ☐ Change **BELOW ALLEN C** NAME MAME STREET ADDRESS 346 GREEN MEADOWS RD STREET ADDRESS MONTICELLO, FL 32344 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detete TITLE INTE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-7/P ☐ Change Addition ☐ Celete TITLE: NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7P Addition Change MUE ☐ Delete TITLE NAME NALEF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detete TITLE TITLE

12. I hereby certify that the information supplied with this liling does not qualify 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 signature shall have the same legal effect as if made under oeth; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807. 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.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

STREET ADDRESS

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Date: 05/05/04

To Division of Corporations License renewal.

To whom it may concern:

Due to the wrong mailing address in the database, I did not receive an annual renewal notice and missed the May/01 dead line. I spoke with Ms. Marquita Williams she checked on it and said to go ahead and send the \$150.00 for renewal.

Thank You.

Correct Mailing Address:

346 Green Meadows Rd. Monticello, Fl 32344