

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2007 8:00 am
Secretary of State

3/.

03-22-2007 90002 017 ***150.00

DOCUMENT # P93000043670 1. Entity Name A*B WATERWORKS, INC.					
Principal Place of Business 346 GREEN MEADOWS DRIVE MONTICELLO, FL 32344 US			Mailing Address 346 GREEN MEADOWS DRIVE MONTICELLO, FL 32344 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3205547	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BELOW, ALLEN C 346 GREEN MEADOWS DRIVE MONTICELLO, FL 32344				7. Name and Address of New Registered Agent Name <u>ALLEN BELOW - GALLINA</u> Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> Zip Code	
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>ALLEN BELOW - GALLINA</u> <u>03/02/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEB IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 BELOW ALLEN C 346 GREEN MEADOWS DRIVE MONTICELLO, FL 32344	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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>ALLEN BELOW - GALLINA</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>03/02/07</u> <u>830-997-6814</u> <small>Date Daytime Phone</small>			

ATTACHMENT

66607984

D93600043670

IN THE CIRCUIT COURT OF THE Second JUDICIAL CIRCUIT,
IN AND FOR Jefferson COUNTY, FLORIDA

Case No.: CS-272-CA

Division: _____

IN RE: THE NAME CHANGE OF

Allen Charles BeLow
Petitioner.

FINAL JUDGMENT OF CHANGE OF NAME (ADULT)

This cause came before the Court on {date} November 14th, 2005, for a hearing on Petition for Change of Name (Adult) under section 68.07, Florida Statutes, and it appearing to the Court that:

1. Petitioner is a bona fide resident of JEFFERSON County, Florida;
2. Petitioner's request is not for any ulterior or illegal purpose; and
3. granting this petition will not in any manner invade the property rights of others, whether partnership, patent, good will, privacy, trademark, or otherwise; it is

ORDERED that Petitioner's present name, ALLEN CHARLES BELOW,
is changed to ALLEN CHARLES BELOW-GALLINA, by which
Petitioner shall hereafter be known.

ORDERED ON November 14th, 2005

Arthur P. Plante
CIRCUIT JUDGE

COPIES TO:
Petitioner

CERTIFIED TRUE AND CORRECT COPY
CARL D. BOATWRIGHT
CLERK OF CIRCUIT COURT
JEFFERSON COUNTY, FLORIDA
BY J. B. Prance D.C.



FILED AND ENTERED
2005 NOV 17 AM 10 56

ATTACHMENT

166007984

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: A*B Waterworks Inc.
2. The principal office address: 346 Green Meadows Road Monticello, FL 32344
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1993 Document number: P93000043670
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Allen C. Below

346 Green Meadows Road Monticello, FL 32344

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Allen Below-Gallina

346 Green Meadows Road Monticello, FL 32344

(P.O. Box NOT acceptable)

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Allen Below-Gallina
(Signature of an officer or director)

Allen Below-Gallina

(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

*** FILING FEE \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)