

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 25, 2005 08:00 AM
Secretary of State**

DOCUMENT # P93000048437

1. Entity Name
NAPLES WATER TREATMENT SYSTEMS, INC.



Principal Place of Business
5071 TAMiami TRAIL EAST
NAPLES, FL 34113 US

Mailing Address
5071 TAMiami TRAIL EAST
NAPLES, FL 34113 US



04112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0423674

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COLLINS, GARY LAWRENCE
169 HEATHER GROVE LANE
NAPLES, FL 34113

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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 rechartering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME COLLINS, GARY LAWRENCE
STREET ADDRESS 169 HEATHER GROVE LANE
CITY-ST-ZIP NAPLES, FL 34113

TITLE VP
NAME COLLINS, CAROLINE ANN
STREET ADDRESS 169 HEATHER GROVE LANE
CITY-ST-ZIP NAPLES, FL 34113

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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04/25/05-80108-013 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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 empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GARY L. COLLINS

Pres. 4-21-05 239-752-6800