

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000043942**



1. Entity Name  
**ALLTECH WATER COMPANY, INC.**

Principal Place of Business

**5800 U.S. HIGHWAY 1  
GRANT, FL 32949**

Mailing Address

**P.O. BOX 146  
GRANT, FL 32949**



04172008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3456681**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MURPHY, PATRICIA J  
7205 BLUE SHORE RD  
GRANT, FL 32949**

**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

*Patricia J. Murphy*  
**PATRICIA J. MURPHY**

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/18/08**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U000000940111  
05/28/08 80053-012 150.00**

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	MURPHY, CHARLES
STREET ADDRESS	7205 BLUE SHORE RD.
CITY-ST-ZIP	GRANT, FL 32949
TITLE	DVT
NAME	MURPHY, PATRICIA
STREET ADDRESS	7205 BLUE SHORE RD.
CITY-ST-ZIP	GRANT, FL 32949
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:**

*Patricia J. Murphy*  
**PATRICIA J. MURPHY**

Date

Daytime Phone #

**4-1808 (32) 384912**