## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P97000056301** 

1. Entity Name

HYDROMENTIA, IN .

## FILED Jan 11, 2006 8:00 am Secretary of State

01-11-2006 90011 017 \*\*\*150.00

1				- FE					
I	Principal Place	e of Business	Mailing Address	<u>'</u>					
		PO BOX 367 OCALA, FL 34478-367	PO BOX 367 Ocala, Fl. 34478-367 US		60001114				
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2. Principal Place of Business 3.			3. Mailing Address						
	Suite, Apt. #, etc.		Suita Act # atc	Suite, Apt. #, etc.					
	City & State		Suite, Apr. #, etc.	City & State		006 Chg-P	CR2E034 (11/05)	1	
			City & State			4. FEI Number Applied For 65-0720058 Not Applicable			
	Zip	Country	Zip	Country	5. Certil	icate of Status Desired	i ☐ \$8.75 Ad Fee Require		
6. Name and Address of Current Registered Age			Registered Agent		7. Name	7. Name and Address of New Registered Agent			
1	UEEKIN I	AMEO E IB	Name	Name Palmer, Margaret					
HEEKIN, JAMES F JR 215 N EOLA DRIVE ORLANDO, FL 32801						(P.O. Box Number is Not Acceptable) Southeast 15th Avenue			
						east 15th A	venue	<u>-</u>	
ı	·								
				City Oca			FL Zip Coo	<sup>1</sup> <b>7</b> 1	
١		named entity submits this statement for	the purpose of changing its re	egistered office or	registered agent,	or both, in the State of			
ŀ	the obligati	ions of registered agent.					1/1/00		
1	SIGNATURE_	NATURE Signature, typed of printed name of registered agent and title if applicable. (NOTE: Registered			itatenier nehw beniuper ex	201	116106		
		Signature, typed of white that is or register to agont to	The tipe is appreciated.	Tropico / gork agratio	a o coquado procero company	1			
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Finance					\$5.00 May E				
After May 1, 2006 Fee will be \$550.00				bution.	Added to Fees				
	10. OFFICERS AND DIF		DIRECTORS	11.			FFICERS AND DIRECTOR	IS IN 11	
	TITLE	PD	☐ Delete	TITLE	Chairman	ı, Director	Change	☐ Addition	
	NAME	PALMER, WM JR		NAME OTRET ADODESS					
	STREET ADDRESS CITY-ST-ZIP	3233 SW 33RD ROAD STE 201 OCALA, FL 34474	•	STREET ADORESS CITY-ST-ZIP					
	TITLE	S	☐ Delete	TITLE			☐ Change	Addition	
	NAME	GLANZER, DOROTHY	<u> </u>	NAME			_ •	_	
	STREET ADDRESS	3233 SW 33RD ROAD STE 201		STREET ADDRESS					
	CITY-ST-ZIP	OCALA, FL 34474		CITY-ST-ZIP					
	FITLE NAME	VD STEWART, ALLEN E	☐ Delete	TITLE NAME			☐ Change	Addition	
J	NAME:	I JIEVVAR I. ALLEN E		■ INAME					

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.

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24149 JOLLY ROGER BLVD.

709 SOUTHEAST 15TH AVENUE

3233 SOUTHWEST 33RD ROAD, STE 201

3233 SOUTHWEST 33RD ROAD, STE 201

PUNTA GORDA, FL 33955

PALMER, MARGARET

ZIVOJNOVICH, MARK J

OCALA, FL 34471

OCALA, FL 34474

BEVIS, PATRICIA A

OCALA, FL 34474

SIGNATURE AND POPED OR PRINTED MANE OF SIGNING OFFICE FOR DIRECTOR

1/6/06

President, Director

352-237-6145

Daytime Pho

Addition

Addition

☐ Addition

Change

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☐ Change