

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000056301

Entity Name: HYDROMENTIA, INC.

FILED
Mar 20, 2009
Secretary of State

Current Principal Place of Business:

3233 SW 33RD ROAD SUITE 201
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

PO BOX 367
OCALA, FL 34478367 US

New Mailing Address:

FEI Number: 65-0720058

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALMER, MARGARET
709 SOUTHEAST 15TH AVENUE
OCALA, FL 34471 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C/D () Delete
Name: PALMER, W M JR
Address: 3233 SW 33RD ROAD STE 201
City-St-Zip: Ocala, FL 34474

Title: S () Delete
Name: GLANZER, DOROTHY
Address: 3233 SW 33RD ROAD STE 201
City-St-Zip: Ocala, FL 34474

Title: VD () Delete
Name: STEWART, ALLEN E
Address: 24149 JOLLY ROGER BLVD.
City-St-Zip: PUNTA GORDA, FL 33955

Title: P/D () Delete
Name: PALMER, MARGARET
Address: 709 SOUTHEAST 15TH AVENUE
City-St-Zip: Ocala, FL 34471

Title: V () Delete
Name: ZIVOJNOVICH, MARK J
Address: 3233 SOUTHWEST 33RD ROAD, STE 201
City-St-Zip: Ocala, FL 34474

Title: T (X) Delete
Name: BEVIS, PATRICIA A
Address: 3233 SOUTHWEST 33RD ROAD, STE 201
City-St-Zip: Ocala, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARET PALMER

P/D

03/20/2009

Electronic Signature of Signing Officer or Director

Date