


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000062903 1. Entity Name MOUNTAIN PEAK WATER TREATMENT, INC.	
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Principal Place of Business 16310-4 US HWY 19 HUDSON, FL 34667 US	Mailing Address 16310-4 US HWY 19 HUDSON, FL 34667 US
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01212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3460346	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CARTIER, ROBERT
3440 PARAGON TER
SPRING HILL, FL 34607**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEWER, RANDY 4384 5TH ISLE SPRING HILL, FL 34607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARTLER, ROBERT 3440 PARAGON TERRACE SPRING HILL, FL 34607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CARTIER, ROBERT 3440 PARAGON TERRACE SPRING HILL, FL 34607
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01/28/04-80120-020 158.75

**DO NOT WRITE
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 empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Randy Dewar President 1/21/04 727-868-0406