2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000107042

1. Entity Name
STORY WATER SYSTEMS INC.

Principal Place of Business	Mailing Address
545 SERENITY PL LAKE MARY, FL 32746 US	545 SERENITY PL LAKE MARY, FL 32746 US

DO NOT WRITE IN THIS SPACE

03182005   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
59-3483064		Not Applicable

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

6. Name and Address of Current Registered Agent

STORY, PHILIP W
545 SERENITY PLACE
LAKE MARY, FL 32746

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, 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	PVST
NAME	STORY, PHILIP W.
STREET ADDRESS	545 SERENITY PLACE
CITY - ST - ZIP	LAKE MARY, FL 32746

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CITY - ST - ZIP	

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04/13/05-80036-025 150.00

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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: _Philip W. Story_   PHILIP W. STORY   3.24.05   321.363.651

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #