

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2004 8:00 am
Secretary of State

08-05-2004 90070 001 ***300.00

DOCUMENT # P98000014859

1. Entity Name
WATER FROM THE AIR, INC.



Principal Place of Business
11680 POINT DRIVE
MERRITT ISLAND, FL 32952
615 E. NEW HAVEN AVE
MELBOURNE, FL 32901

Mailing Address
11680 POINT DRIVE
MERRITT ISLAND, FL 32952

2. Principal Place of Business
615 E. NEW HAVEN AVE
MELBOURNE, FL 32901

3. Mailing Address
SAME

Suite, Apt. #, etc.
APT # 401

Suite, Apt. #, etc.

City & State
MELBOURNE, FLORIDA

City & State

Zip
32901

Country
FLORIDA

Zip

Country

07282004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3411045

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCFADDEN, WARREN
11680 POINT DRIVE
MERRITT ISLAND, FL 32952
615 E. NEW HAVEN AVE, APT 401
MELBOURNE, FLORIDA 32901

7. Name and Address of New Registered Agent

Name
WARREN MCFADDEN
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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: Warren McFadden

7/30/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election-Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD	Delete
NAME	MCFADDEN, WARREN	<input type="checkbox"/>
STREET ADDRESS	11680 POINT DR. 615 E. NEW HAVEN	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952 MELBOURNE, FL 32901	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Warren McFadden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/04 321-727-1537

Date

Daytime Phone #