


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000055231 1. Entity Name S.A.S. WATER TREATMENT, INC.					
Principal Place of Business 1809 S.W. 12TERR. CAPE CORAL FL 33991 US			Mailing Address 1809 S.W. 12TERR. CAPE CORAL FL 33991 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0851575	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BRUDI, FRANK 1809 S.W. 12TERR. CAPE CORAL FL 33991				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State </div> <div style="width: 60%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
<div style="display: flex;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 55%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. </div> </div>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="display: flex;"> <div style="flex: 1;"> P STORATH, SCOTT 3727 SURFSIDE BOULEVARD CAPE CORAL FL 33914 </div> <div style="flex: 0.5; text-align: right;"> <input type="checkbox"/> Delete </div> </div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="display: flex;"> <div style="flex: 1;"> 0000000049245 02/13/04-80014-023 150.00 </div> <div style="flex: 0.5; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="display: flex;"> <div style="flex: 1;"> V BRUDI, FRANK 1809 S.W. 12TERR. CAPE CORAL FL 33991 </div> <div style="flex: 0.5; text-align: right;"> <input type="checkbox"/> Delete </div> </div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="display: flex;"> <div style="flex: 1;"></div> <div style="flex: 0.5; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>		
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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)(j), 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.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE: <i>Frank Brudi</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 20%; text-align: center;"> 2-9-04 <small>Date</small> </div> <div style="width: 40%; text-align: right;"> <small>Daytime Phone #</small> </div> </div>					