2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000072061

Entity Name: H20 MANAGEMENT, INC.

FILED Jan 05, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3731 COUNTY RD. 220 MIDDLEBURG, FL 32068 **Current Mailing Address: New Mailing Address:** 3731 COUNTY RD. 220 MIDDLEBURG, FL 32068 FEI Number: 59-3534724 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: REEMELIN, JAMES B 3731 COUNTY RD. 220 MIDDLEBURG, FL 32068 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition REEMELIN, JAMES B Name: Name: REEMELIN, JAMES B 3731 COUNTY RD. 220 3731 COUNTY RD. 220 Address: Address: City-St-Zip: MIDDLEBURG, FL 32068 City-St-Zip: MIDDLEBURG, FL 32068 Title: Title: () Delete () Change () Addition ROTCHFORD, GEORGE Name: Name: 221 E. CHURCH ST. Address: Address: JACKSONVILLE, FL 32202 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition WELDON, DAN W Name: Name: 7854 KNOLL DR S Address: Address: City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip: Title: () Delete Title: () Change (X) Addition RUSSELL, SAMUEL S Name: Name: Address: Address: 3201 TRISHAS CT. City-St-Zip: City-St-Zip: GREEN COVE SPRINGS, FL 32048

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES B. REEMELIN PSTD 01/05/2005