

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 31, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000080930

1. Entity Name
H2O SERVICES, INC.



Principal Place of Business
**997 N COLLIER BLVD
MARCO ISLAND, FL 34145 US**

Mailing Address
**PO BOX 1458
MARCO ISLAND, FL 34146 US**



07252007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3538529

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LANE, PATRICK J
997 N. COLLIER BLVD
MARCO ISLAND, FL 34145**

**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
Due by September 14, 2007**

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	VPS
NAME	KOWLASKI, DAVID
STREET ADDRESS	1953 SHEFFIELD AVE
CITY - ST - ZIP	MARCO ISLAND, FL 34145

TITLE	PT
NAME	LANE, PATRICK
STREET ADDRESS	1151 VERNON PL
CITY - ST - ZIP	MARCO ISLAND, FL 34145

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CITY - ST - ZIP	

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07/31/07-80001-004 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #