


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000077033			
1. Entity Name ESTERO WATER CONDITIONING, INC.			
Principal Place of Business 21179 SEE SEE STREET ESTERO FL 33928		Mailing Address 21179 SEE SEE STREET ESTERO FL 33928	
2. Principal Place of Business 21179 See See St Suite, Apt. #, etc.		3. Mailing Address 21179 See See St Suite, Apt. #, etc.	
City & State Estero FL		City & State Estero FL	
Zip 33928	Country	Zip 33928	Country Lee
6. Name and Address of Current Registered Agent HERITAGE TAX & CONSULTING SERVICES, INC. 11720 METRO PARKWAY SUITE 3 FORT MYERS FL 33912		7. Name and Address of New Registered Agent Name 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RICKETTS, MARIE 21179 SEE SEE ST ESTERO FL 33928 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000427064 02/20/06-80067-019 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RICKETTS, RONALD 21179 SEE SEE ST ESTERO FL 33928 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Marie Ricketts</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>2/3/06</u> 2399472611 Daytime Phone #	