2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State
02-11-2005 90050 015 ***158.75

DOCUMENT # P99000080726

1. Entity Name

H2O SYSTEMS NATURE'S BEST ALTERNATIVE, INC.

Principal Place of Business	Mailing Address
~~1530 SOUTH MCCALL~~ ROAD ~~ENGLEWOOD FL~~ 34223	~~1530 SOUTH MCCALL~~ ROAD ENG~~LEWOOD FL~~ 34223

50014175

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
2800 PLACIDA RD	2800 PLACIDA RD.
Suite, Apt. #, etc.: UNIT 107	Suite, Apt. #, etc.: UNIT 107
City & State: ENGLEWOOD, FL	City & State: ENGLEWOOD, FL.
Zip: 34224 Country: CHARLOTTE	Zip: 34224 Country: CHARLOTTE

4. FEI Number 65-0944562 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NEFF, GARY LEE
21 PAR VIEW RD N
ROTONDA WEST FL 33947

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 Gary Lee Neff — Jan. 31, 2005
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
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	NEFF, GARY LEE		NAME	
STREET ADDRESS	21 PAR VIEW RD		STREET ADDRESS	
CITY-ST-ZIP	ROTONDA WEST FL 33947		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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 Gary Lee Neff GARY LEE NEFF 1/31/05 941-698-8840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #