## **2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR) DOCUMENT # P99000081045** 1. Entity Name EVERCLEAR WATER SYSTEMS, INC.

## **FILED** Mar 22, 2004 8:00 am Secretary of State 03-22-2004 90057 038 \*\*\*150.00

## SAND ST # STOCKLAND PARK F1 39334	Principal Plac	ce of Business	Mailing Address								
OAKLAND PARK FL 33334  Suite. Apr. F. etc.  City & State  City & State  City & State  Current  F. Exp. Country  F.								члик	3013		
Suite, Apt. F. etc.  Covy & State  Covy & St		PARK EL 33334					24033010				
Sulfo, Apt #, etc.	OAKLAND PARK FL 33334		FORT LAUDERDALE FL 33308				# # <b>20</b> 11001 it <b>s</b> (with this exist note only		<b>                                    </b>		
Sulfo, Apt #, etc.	2. Principal P	Place of Business	3. Mailing Address								
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Zip Country Zip Country S. Certificate of Status Desired S. Additional Fee Required  6. Name and Address of Current Registered Agent  FRANZ-KARLIC, MARY ANN S501 NE 25TH AVE AFT 2 FORT LAUDERDALE FL 33308  8. The above named critis submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lan familiar with, and accept the abdigations of registered agent, or both, in the State of Florida. Lan familiar with, and accept the abdigations of registered agent, or both, in the State of Florida. Lan familiar with, and accept the abdigations of registered agent, or both, in the State of Florida. Lan familiar with, and accept the abdigations of registered agent, or both, in the State of Florida. Lan familiar with, and accept the abdigations of registered agent, or both, in the State of Florida. Lan familiar with, and accept the abdigations of registered agent, or both, in the State of Florida. Lan familiar with, and accept the abdigations of registered agent, or both, in the State of Florida. Lan familiar with, and accept the abdigations of registered agent, or both, in the State of Florida. Lan familiar with, and accept the abdigation of registered agent, or both, in the State of Florida. Lan familiar with, and accept the abdigation of registered agent, or both, in the State of Florida. Lan familiar with, and accept the abdigation of registered agent, or both, in the State of Florida. Lan familiar with, and accept the abdigation of registered agent, or both, in the State of Florida. Lan familiar with, and accept the abdigation of registered agent, or both, in the State of Florida. Lan familiar with, and accept the abdigation of registered agent, or both, in the State of Florida. Lan familiar with, and accept the abdigation of registered agent, or both, in the State of Florida. Lan familiar with, and accept the abdigation of registered agent, or both, in the State of Florida. Lan familiar with, and accept the abdigation of registered agent, or both, in the State of Florida.	Suite, Apt. #, etc.		Suite, Apt. #, etc.				MOORE CR2E034 (11/03)				
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Signature.  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 lamiliar with, and accept the obligations of registered agent.  SIGNATURE    Signature, best is printed agent.   MOTE. Registered Agent signature required when releasing in the entitle printed agent.   MOTE. Registered Agent signature required when releasing					Name						
City   FL   Zip Code	FRA	NZ-KARLIC, MARY ANN			Street Address (P.O. Box Number is Not Acceptable)						
PL Signature with present area of equatered agent.  Signature:  Si					Silest Address (F.O. Box Number is Not Acceptable)						
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the Stars of Florida. Lam lamiliar with, and accept the obligations of registered agent.    SIGNATURE	1 01	11 LAGDENDALE 1 E 33300									
B. 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 doligations of registered agent.    Common					City	<del></del>		FL	Zip Coc	le	
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FILE NOW!!! FEE.IS \$150.00 % After May 1, 2004 Fee will be \$550.00 % Aske Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.  12. TOWN CARREST AND CHARGES TO OFFICERS AND DIRECTORS 11.  13. NAME  KARLIC, ANTE  NAME  KARLIC, ANTE  NAME  STORET ADDRESS  5501 NE 25TH AVE APT 2  CITY-51-2P  FORT LAUDERDALE FL 33308  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.  NAME  FRANZ-KARLIC, MARY ANN  SIREST ADDRESS  CITY-51-2P  FORT LAUDERDALE FL 33308  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.  NAME  FRANZ-KARLIC, MARY ANN  SIREST ADDRESS  CITY-51-2P  FORT LAUDERDALE FL 33308  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.  NAME  FRANZ-KARLIC, MARY ANN  SIREST ADDRESS  CITY-51-2P  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.  NAME  FRANZ-KARLIC, MARY ANN  SIREST ADDRESS  CITY-51-2P  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.  NAME  NAME  SIREST ADDRESS  CITY-51-2P  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.  NAME  NAME  SIREST ADDRESS  CITY-51-2P  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.  NAME  NAME  SIREST ADDRESS  CITY-51-2P  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  SIREST ADDRESS  CITY-51-2P  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.  NAME  NAME  NAME  NAME  SIREST ADDRESS  CITY-51-2P  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.  NAME  NAME  NAME  NAME  SIREST ADDRESS  CITY-51-2P  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.  NAME	SIGNIATURE										
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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)(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:

SIGNATURE:

SIGNATURE AND THEE DAY OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #