
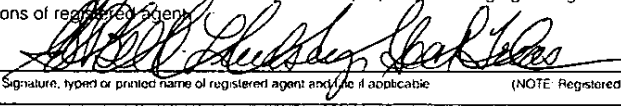



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90193 049 \*\*\*150.00

|   |  |   |  |
|---|--|---|--|
| <b>DOCUMENT # S31013</b>  |  |    |  |
| 1. Entity Name<br><b>WATER PLUS OF PINELLAS, INC.</b>   |  |   |  |
| Principal Place of Business<br><b>9520 134TH STREET NORTH<br/>SEMINOLE FL 33776<br/>US</b>  |  | Mailing Address<br><b>10801 STARKEY RD<br/>PMB 104-21<br/>LARGO FL 33777<br/>US</b>   |  |
| 2. Principal Place of Business  |  | 3. Mailing Address  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |  |
| City & State  |  | City & State  |  |
| Zip   | Country  | Zip   | Country  |
| 6. Name and Address of Current Registered Agent<br><br><b>MATTSON, RICK A.<br/>6500 1ST AVE N.<br/>SAINT PETERSBURG FL 33710</b>  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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    |  | DATE   |  |
| Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reconstituting)  |  | DATE  |  |
| <b>FILE NOW!!! FEE IS \$150.00.<br/>After May 1, 2006 Fee Will Be \$550.00<br/>Make Check Payable to Florida Department of State</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                  |  |
| 10. OFFICERS AND DIRECTORS  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | ST<br>LINDSEY, SANDRA<br>9520 134TH STREET NORTH<br>SEMINOLE FL 33776 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>LINDSEY, GARY LEE<br>9520 134TH STREET NORTH<br>SEMINOLE FL 33776 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP<br>BELL, G. DANIEL<br>564 E. LAKE DR<br>LARGO FL 33771 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>VP<br>BELL, G. DANIEL<br>13413 LANTANA DR.<br>TAMPA, FL 33626-2971 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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:**  **SANDRA BELL-LINDSEY** 5/1/06 (707) 399-8428  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #