


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90036 027 \*\*\*150.00

<b>DOCUMENT # S31013</b>			
1. Entity Name <b>WATER PLUS OF PINELLAS, INC.</b>			
Principal Place of Business <b>9520 134TH STREET NORTH SEMINOLE FL 33776 US</b>		Mailing Address <b>10801 STARKEY RD PMB 10421 LABOO FL 33777 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>P.O. Box 4430</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>SEMINOLE FL</b>	
City & State		City & State	
Zip	Country	Zip	Country
		<b>33775-4430</b>	<b>USA</b>
6. Name and Address of Current Registered Agent <b>BELL-LINDSEY, SANDRA 9520 134TH STREET NORTH SEMINOLE FL 33776</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			



1st MOORE CR2E034 (10/06)

4. FEI Number **59-3051010** Applied For ☐ Not Applicable ☐

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$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	ST LINDSEY, SANDRA 9520 134TH STREET NORTH SEMINOLE FL 33776 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LINDSEY, GARY LEE 9520 134TH STREET NORTH SEMINOLE FL 33776 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BELL, G. DANIEL 13413 IRMON DR TAMPA FL 33626-2971 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BELL, G. DANIEL 13413 IRMON DR TAMPA, FL 33626-2971 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 SECRETARY S. Bell-Lindsey 3/7/07 (127) 379-8428  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #