

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S31013

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: WATER PLUS OF PINELLAS, INC.

## Current Principal Place of Business:

9520 134TH STREET NORTH  
SEMINOLE, FL 33776 US

## New Principal Place of Business:

10562 70TH AVE N  
B2  
SEMINOLE, FL 33772 US

## Current Mailing Address:

PO BOX 4430  
SEMINOLE, FL 337754430 US

## New Mailing Address:

FEI Number: 59-3051010

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LINDSEY, GARY L PRES  
9520 134TH STREET NORTH  
SEMINOLE, FL 33776 US

## Name and Address of New Registered Agent:

LINDSEY, GARY L PRES  
10562 70TH AVE N  
B2  
SEMINOLE, FL 33772 US

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.

SIGNATURE: GARY L. LINDSEY

04/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: LINDSEY, GARY L PRES  
Address: 9520 134TH STREET NORTH  
City-St-Zip: SEMINOLE, FL 33776

Title: P ( ) Delete  
Name: LINDSEY, GARY LEE  
Address: 9520 134TH STREET NORTH  
City-St-Zip: SEMINOLE, FL 33776

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: LINDSEY, GARY L PRES  
Address: 10562 70TH AVE N. B2  
City-St-Zip: SEMINOLE, FL 33772

Title: P (X) Change ( ) Addition  
Name: LINDSEY, GARY L  
Address: 10562 70TH AVE N B2  
City-St-Zip: SEMINOLE, FL 33772

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY L. LINDSEY

P

04/16/2009

Electronic Signature of Signing Officer or Director

Date