

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # S68351

1. Entity Name

WATER WORKS U.S.A., INC.



**FILED  
May 03, 2004 8:00 am  
Secretary of State**

05-03-2004 91224 031 \*\*\*150.00

Principal Place of Business  
7028 WEST WATERS AVE  
#134  
TAMPA FL 33634

Mailing Address  
7028 WEST WATERS AVE  
#134  
TAMPA FL 33634

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State

4. FEI Number <b>59-3081725</b>	Applied For Not Applicable
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Zip      Country      Zip      Country

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

**6. Name and Address of Current Registered Agent**

SWARTZ, SCOTT  
7028 WEST WATERS AVE  
TAMPA FL 33634

**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

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, 2004 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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SWARTZ, SCOTT 7028 WEST WATERS AVE TAMPA FL 33634	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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		<input type="checkbox"/> Delete			<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: *Scott Swartz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04 (813) 818 8232  
Date  
Daytime Phone #