2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State
04-26-2005 90186 024 ***150.00

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04222005 Chg-P CR2E034 (10/03)

DOCUMENT # V36967

1. Entity Name
R/O WATER INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
1627 W. UNIVERSITY PKWY SARASOTA, FL 34243-2732 US	1627 W. UNIVERSITY PKWY SARASOTA, FL 34243-2732 US

2. Principal Place of Business	3. Mailing Address
1876 B Barber Rd	1876 B Barber Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota, FL 34240	City & State: Sarasota, FL 34240
Zip / Country	Zip / Country

4. FEI Number: 99-0298914 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FOUNTAIN, WALTER R.
7616 S. LEEWYNN DR.
SARASOTA, FL 34240

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	☐ Delete
NAME	FOUNTAIN, WALTER	
STREET ADDRESS	7616 S LEEWYNN DR.	
CITY-ST-ZIP	SARASOTA, FL	
TITLE	DVP	☐ Delete
NAME	FOUNTAIN, MARGARET A.	
STREET ADDRESS	7616 S LEEWYNN DR.	
CITY-ST-ZIP	SARASOTA, FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Margaret A. Fountain   Margaret A. Fountain   4-22-05   941-379-0929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #