

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V54155

FILED
Apr 17, 2009
Secretary of State

Entity Name: O AND S WATER COMPANY INC.

Current Principal Place of Business:

501 E OAK STREET
SUITE F
KISSIMMEE, FL 34744 US

New Principal Place of Business:

Current Mailing Address:

501 E OAK STREET
SUITE F
KISSIMMEE, FL 34744 US

New Mailing Address:

FEI Number: 59-3137710 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODRUFF, ROY F
1900 SW 57 AVE
SUITE 2
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: OLSEN, JACK P
Address: 501 E OAK STREET STE A
City-St-Zip: KISSIMMEE, FL 34744

Title: VP/D () Delete
Name: STEWART, SCOTT D
Address: 501 E OAK STREET STE A
City-St-Zip: KISSIMMEE, FL 34744

Title: STD () Delete
Name: WOODRUFF, ROY F
Address: 1900 SW 57 AVE STE 2
City-St-Zip: MIAMI, FL 33155

Title: D () Delete
Name: STEWART, RUTH
Address: 501 E.OAK ST. SUITE A
City-St-Zip: KISSIMMEE, FL 34744

Title: D () Delete
Name: OLSEN, BONNIE
Address: 501 E. OAK ST. SUITE A
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: OLSEN, JACK P
Address: 501 E OAK STREET STE F
City-St-Zip: KISSIMMEE, FL 34744

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: STEWART, RUTH
Address: 501 E.OAK ST. SUITE F
City-St-Zip: KISSIMMEE, FL 34744

Title: D (X) Change () Addition
Name: OLSEN, BONNIE
Address: 501 E. OAK ST. SUITE F
City-St-Zip: KISSIMMEE, FL 34744

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: JACK P. OLSEN

PRES

04/17/2009

Electronic Signature of Signing Officer or Director

_____ Date