

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H02677

**Entity Name:** H2O BACKFLO, INC.

**Current Principal Place of Business:**

599 W. RIVER RD.  
PALATKA, FL 32177

**Current Mailing Address:**

P.O. BOX 8  
GREEN COVE SPRINGS, FL 32043 US

**FEI Number:** 59-2406517

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

STOKELY, BERNICE A  
599 W. RIVER RD.  
PALATKA, FL 32177 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title DP  
Name STOKELY, EDWARD G.  
Address 599 W. RIVER RD.  
City-State-Zip: PALATKA FL 32177

Title ST  
Name STOKELY, BERNICE A.  
Address 599 W. RIVER RD.  
City-State-Zip: PALATKA FL 32177

Title V  
Name PHILLIPS-REIPE, TYLER R.  
Address 10135 GATE PARKWAY N.  
#0612  
City-State-Zip: JACKSONVILLE FL 32246

Title D  
Name STOKELY, DALE E.  
Address 710 50TH AVE. NORTH  
City-State-Zip: ST. PETERSBURG FL 33703

Title DIRECTOR  
Name BRADBERRY, ANGELA CHRIS  
Address 13770 GOODSON PLACE  
City-State-Zip: JACKSONVILLE FL 32226

*I hereby 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 all other like empowered.*

**SIGNATURE:** BERNICE A STOKELY

**AGENT**

**04/23/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date