


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

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

05-03-2004 90828 001 \*\*\*450.00

**DOCUMENT # P00000003875**

1. Entity Name  
**H2O TO GO, INC.**



Principal Place of Business: **7031 BENJAMIN RD., STE. A TAMPA, FL 33634**

Mailing Address: **7031 BENJAMIN RD., STE. A TAMPA, FL 33634**



04262004 No Chg-P CR2E034 (10/03)

4. Fil Number: **59-3617930**

Applied For:  Not Applicable:

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

6. Name and Address of Current Registered Agent

**RUBRECHT, BERNIE**  
**7031 BENJAMIN RD., STE. A**  
**TAMPA, FL 33634**

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: \_\_\_\_\_

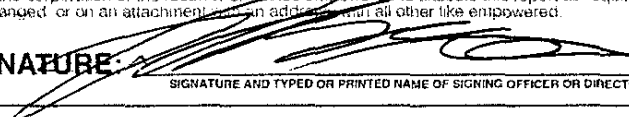
**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00-**

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

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>RUBRECHT, BERNIE</b>
STREET ADDRESS	<b>7031 BENJAMIN RD., STE. A</b>
CITY ST ZIP	<b>TAMPA, FL 33634</b>
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
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 and in addition with all other like empowered.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-30-04**

Date Day in Month