



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

8/24/2005-90056-045-\$150.00-\$150.00

<b>DOCUMENT # P04000068113</b> 1. Entity Name <b>H2OFORD, INC.</b>						<div style="font-size: 2em; font-weight: bold; margin-bottom: 5px;">FILED</div> <div style="font-size: 1.5em; margin-bottom: 5px;">05 OCT -3 AM 9:26</div> <div style="font-size: 1.2em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>			
Principal Place of Business <b>3433 STEARNS ROAD VALRICO, FL 33594</b>				Mailing Address <b>3433 STEARNS ROAD VALRICO, FL 33594</b>					
2. Principal Place of Business				3. Mailing Address					
Suite, Apt. #, etc.				Suite, Apt. #, etc.					
City & State				City & State					
Zip		Country		Zip		Country			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>WATERFORD, ALBERT J JR. 3433 STEARNS ROAD VALRICO, FL 33594</b>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>									
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			<b>\$5.00</b> May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	CFO <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	WATERFORD, ALBERT J JR.			NAME					
STREET ADDRESS	3433 STEARNS ROAD			STREET ADDRESS					
CITY-ST-ZIP	VALRICO, FL 33594			CITY-ST-ZIP					
TITLE	CEO <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	WATERFORD, KATHLEEN C			NAME					
STREET ADDRESS	3433 STEARNS ROAD			STREET ADDRESS					
CITY-ST-ZIP	VALRICO, FL 33594			CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME				NAME					
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME				NAME					
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME				NAME					
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				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 either like empowered.

SIGNATURE:  21 Aug 05

*T. Roberts OCT 05 2:23*