


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90174 030 ***150.00

DOCUMENT # P36192
1. Entity Name
H2O DISTRIBUTION, INC.



Principal Place of Business
P.O. BOX 1610
HOT SPRINGS, AR 71902

Mailing Address
5949 SHERRY LANE
STE 1900
DALLAS, TX 75225

20055821



2. Principal Place of Business
5949 Sherry Lane

3. Mailing Address

Suite, Apt. #, etc.
Suite 1900

Suite, Apt. #, etc.

04222005 Chg-P CR2E034 (10/03)

City & State
Dallas, Texas

City & State

4. FEI Number
13-2564099

Applied For
Not Applicable

Zip
75225

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 NAME STREET ADDRESS CITY-ST-ZIP	VPD ETHRIDGE, JOSEPH A 5949 SHERRY LANE, SUITE 1900 DALLAS, TX 75225 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KORBA, ROBERT W. 5949 SHERRY LANE, SUITE 1900 DALLAS, TX 75225 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MITCHELL, THOMAS 150 CENTRAL AVENUE HOT SPRINGS, AR 71901 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVD WASHBURN, JOHN H. 5949 SHERRY LANE STE 1900 DALLAS, TX 75225 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SIMMONS, DON 150 CENTRAL AVE HOT SPRINGS, AR <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCT ZIMMERMAN, JOE 5949 SHERRY LANE, SUITE 1900 DALLAS, TX 75225 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, D, T Joseph A. Ethridge 5949 Sherry Lane, Suite 1900 Dallas, TX 75225 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Robert W. Black 5949 Sherry Lane, Suite 1900 Dallas, TX 75225 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President - Tax Pam Doepp 5949 Sherry Lane, Suite 1900 Dallas, TX 75225 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President, GC, Secretary Heather Kreager 5949 Sherry Lane, Suite 1900 Dallas, TX 75225 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Cheryl M. Gosch 5949 Sherry Lane, Suite 1900 Dallas, TX 75225 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Director Joe Zimmerman 5949 Sherry Lane, Suite 1900 Dallas, TX 75225 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: Joe A. Ethridge Joseph A. Ethridge 4-29-05 214-210-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #