

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000029233

**Entity Name:** H 2 0 SYSTEMS INC.

**Current Principal Place of Business:**

5899 SCOVILLE ROAD  
ELKTON, FL 32033

**Current Mailing Address:**

5899 SCOVILLE ROAD  
ELKTON, FL 32033 US

**FEI Number:** 59-3237807

**Certificate of Status Desired:** No

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

HALL, CHARLES EJR.  
3791 A1A SOUTH,SUITE B  
ST. AUGUSTINE, FL 32080 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 ST  
Name LOHR, KEVIN C  
Address 5899 SCOVILLE ROAD  
City-State-Zip: ELKTON FL 32033

Title D  
Name LOHR, KEVIN C  
Address 5899 SCOVILLE ROAD  
City-State-Zip: ELKTON FL 32033

Title PTVS  
Name LOHR, KEVIN C  
Address 5899 SCOVILLE RD  
City-State-Zip: ELKTON FL 32033

*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:** KEVIN C LOHR

**PRESIDENT**

**04/11/2017**

Electronic Signature of Signing Officer/Director Detail

Date