


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90069 045 \*\*\*150.00

**DOCUMENT # P99000109447**

1. Entity Name  
**H2O2 CORPORATION**



Principal Place of Business      Mailing Address  
**1860 NW 19TH STREET**      **1860 NW 19TH STREET**  
**CRYSTAL RIVER, FL 34428**      **CRYSTAL RIVER, FL 34428**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



04182008      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**59-3621224**      Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**HUBBARD, JEREMIAH A D.O.**  
**9500 RAYWATER COURT**  
**CRYSTAL RIVER, FL 34429**

**7. Name and Address of New Registered Agent**  
 Name **Robert Overton**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1860 NW 19th Street**  
 City **CRYSTAL RIVER**      FL      Zip Code **34428**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	OVERTON, ROBERT	
STREET ADDRESS	1860 NW 19TH STREET	
CITY-ST-ZIP	CRYSTAL RIVER, FL <del>34428</del> <b>34428</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	OVERTON, THERESA	
STREET ADDRESS	1860 NW 19TH STREET	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUBBARD, JEREMIAH A	
STREET ADDRESS	9500 BAYWATER CT	
CITY-ST-ZIP	CRYSTAL RIVER, FL <del>34428</del> <b>34429</b>	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HUBBARD, TANA	
STREET ADDRESS	9500 BAYWATER CT	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Robert Overton  
**ROBERT OVERTON, PRESIDENT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/18/2008      Daytime Phone #: 352-228-1591