


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90976 028 \*\*\*150.00

**DOCUMENT # P99000109447**

1. Entity Name  
**H2O2 CORPORATION**



Principal Place of Business  
**520 SE 8TH AVE.  
 CRYSTAL RIVER, FL 34429**

Mailing Address  
**P.O. BOX 976  
 CRYSTAL RIVER, FL 34423-0976**

**40076523**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip  
 Country

04262005 Chg-P CR2E034 (10/03)



4. FEI Number  
**59-3621224**

Applied For  
 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.  
 520 SE 8TH AVE.  
 CRYSTAL RIVER, FL 34429**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (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	D	<input type="checkbox"/> Delete
NAME	OVERTON, ROBERT	
STREET ADDRESS	1029 CREEK BED DR	
CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE	D	<input type="checkbox"/> Delete
NAME	OVERTON, THERESA	
STREET ADDRESS	1029 CREEK BED DR	
CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUBBARD, JEREMIAH A	
STREET ADDRESS	520 SE 8TH AVE	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUBBARD, TANA	
STREET ADDRESS	520 SE 8TH AVE	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1860 NW 19th St	
CITY-ST-ZIP	Crystal River FL 34428	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1860 NW 19th St	
CITY-ST-ZIP	Crystal River FL 34428	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/T	<input checked="" 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 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: Robert Overton **Robert Overton** 4/26/05 **352-795-1300**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #