


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90226 049 ***150.00

DOCUMENT # P99000109447

1. Entity Name
H2O2 CORPORATION



Principal Place of Business
520 SE 8TH AVE.
CRYSTAL RIVER, FL 34429
1860 NW 19th Street
CRYSTAL RIVER, FL 34428

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

50016576



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

04202006 Chg-P CR2E034 (11/05)

City & State

4. FEI Number
59-3621224

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUBBARD, JEREMIAH A D.O.
520 SE 8TH AVE. 9500 BAYWATER COURT
CRYSTAL RIVER, FL 34429

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, 2006 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	P OVERTON, ROBERT <input type="checkbox"/> Delete 1860 NW 19TH STREET CRYSTAL RIVER, FL 34478
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OVERTON, THERESA <input type="checkbox"/> Delete 1860 NW 19TH STREET CRYSTAL RIVER, FL 34428
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUBBARD, JEREMIAH A <input type="checkbox"/> Delete 520 SE 8TH AVE 9500 BAYWATER CT CRYSTAL RIVER, FL 34429 <i>CRYSTAL RIVER, FL 34429</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HUBBARD, TANA <input type="checkbox"/> Delete 520 SE 8TH AVE 9500 BAYWATER CT CRYSTAL RIVER, FL 34429 <i>CRYSTAL RIVER, FL 34429</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Director/President** **4/21/06** **352-795-5901**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #